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UD-10 Traffic Crash Report Instruction Manual



2004 Edition

Produced and Distributed by:
Michigan Department of State Police
Criminal Justice Information Center
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FOREWORD

The law enforcement officer is absolutely the most important element of the UD-10!

The data produced from approximately 400,000 traffic crash reports processed each year can be no better than the accuracy of the original reports submitted by Michigan's law enforcement agencies. If the law enforcement officer completing the UD-10 Traffic Crash Report does an incomplete or incorrect job of filling out the form, the resulting data will be of poor quality. As a result, traffic safety experts will be unable to evaluate public education campaigns, make improvements to roadways, and dangerous drivers will continue to pose a threat to all motorists.

The UD-10 Traffic Crash Report is a two-sided form designed to capture information about a motor vehicle crash. Each form is designed to capture information pertaining to two units, two injured passengers and up to four uninjured passengers. If there are more than two units involved in a crash, additional forms will need to be submitted. In this case, a Serial Override Number, Data Element 71 will be used on the additional forms.

To improve the quality of the UD-10 Traffic Crash Reports,
please be mindful of these common errors.

Missing Date and/or Unit Number: The date must be written as MM/DD/YYYY and the Unit Number is also of special importance so please remember to complete this field for each unit recorded.

Both "Corrected" and "Replace" Bubbles are Marked: It cannot be both, it must be one or the other. Also, when submitting a form to CORRECT, REPLACE or DELETE, the OVERRIDE box must have the serial number of the original form.

Missing Override Number (in the lower right corner): If the officer is submitting a form other than the original or is using a supplemental form because more than two units were involved, the original serial number must be written in the OVERRIDE box. This number links the subsequent information with the original form.

Stray Marks or Damaged Forms: These causes the form to be rejected by the system. Do not make ANY STRAY marks, including personal initials in a corner to indicate it has been reviewed by a supervisor, slashes through areas that do not apply, signatures that extend outside the box, drawing in the margins, etc.

Location: Do not guess or estimate distances. When accurate distances are not received, traffic specialists cannot properly identify areas of concern. Also, do not use familiar local landmarks as locations; for example, "Ford Plant 7, Gate 2." The road name and intersecting road name must be the name of a public roadway within the county of the crash.

Vehicle Registration: PRINT LEGIBLY AND CLEARLY!

Total Number of Units do not Match Total Number of Units Submitted: Make sure that the total Number of Units, Data Element 10 matches the completed number of units. Example: Number of Units is 3, be sure that 3 separate units are completed and marked as Unit 1, Unit 2 and Unit 3.

**If you have questions about the UD-10:
Contact the Traffic Crash Reporting Section at (517) 322-1150.**

REVISIONS

Construction Equipment and Road Maintenance Vehicles

Effective October 1, 2003, crashes involving construction or road maintenance vehicles will have the vehicle and driver information recorded as unit information on the UD-10 Traffic Crash Report. Crash information will also be recorded on the worker's driver license record and can be sent to non-governmental agencies if a corresponding conviction exists or a hazardous action is recorded.

Property Damage Amount

Effective January 1, 2004, the amount of property damage to require a traffic crash report has been increased from \$400 to \$1,000.

Concept of the State of Michigan TRAFFIC CRASH REPORT

This manual has been prepared to provide guidance for completion of the State of Michigan Traffic Crash Report form (UD-10) prescribed by the Director of the Department of State Police pursuant to Section 257.622 of the Compiled Laws of 1970, as amended.

Michigan law requires that the completed crash reports be forwarded to the Director of the Department of State Police on forms prescribed by that office. UD-10's cannot be available for use in any court action (MCL 257.624) but are used for the purpose of furnishing statistical information on crashes. They also provide the basis for traffic legislation, enforcement, engineering, education, driver licensing and public information generally not available from any other source pursuant to MCL Section 257.624 of the Compiled Laws of 1970, as amended.

Every reasonable effort shall be made to obtain factual information for the completion of the report. If this is not possible, law enforcement shall use their best judgment and record their considered opinions based on their investigation and experience. This should be done even though it may not be possible to substantiate all recorded information or have sufficient evidence to initiate prosecution.

When prosecution is initiated, "a police officer may issue a citation to a person who is a driver of a motor vehicle involved in an accident if, based upon PERSONAL INVESTIGATION, the officer has reasonable cause to believe that the person has committed a misdemeanor under the act" or "is responsible for a civil infraction in connection with the crash." MCL Section 257.728(8) and 257.742(3).

Each crash report is a display of the ability of the professional traffic crash investigator. Compliance with instructions in the manual will help ensure that reports are filled out completely, accurately, uniformly, and will be of greatest possible value for crash prevention purposes.

Lastly, the UD-10 Traffic Crash Report is not only for insurance companies! Data reported on the UD-10 is used by:

- Traffic engineers to help redesign unsafe roads and intersections.
- Road Commissions to recoup repair costs from insurance companies when public property is damaged.
- Law enforcement to assign patrols to roads where an unusually high number of crashes occur.
- Department of State to update driver records and get "problem" drivers off our roads.
- Federal safety agencies that develop safety initiatives, implement safety programs, and contribute to making and changing laws.

Accurate and timely data is important to everyone!

INSTRUCTIONS FOR COMPLETION

APPLICATION

The UD-10 Traffic Crash Report will be used to report to the State of Michigan, all traffic related motor vehicle crashes. The form is also used to record **any crash** involving a snowmobile or off-road vehicle (ORV), whether traffic or non-traffic related. The property damage for a snowmobile or ORV is \$100.00.

*The Michigan criteria for a crash is, “**DID THE INCIDENT INVOLVE...**”*

1. **a motor vehicle that**
2. **was in transport, and**
3. **on the roadway, that resulted in death, injury or property damage of \$1,000 or more (effective January 1, 2004).**

FORM DESIGN

The UD-10 is a two-sided form designed to record the information pertaining to a crash involving two (2) units. Additional forms need to be submitted if the crash involves more than two units. One unit (vehicle, driver and passengers) will be entered on the front side of the form and that of a second unit on the back. Bubbled entries and written areas will be entered into the State of Michigan Traffic Crash Records System. **Shaded areas do NOT indicate a required field.**

FATAL CRASHES

In crashes involving fatalities the State of Michigan requires that all passengers, injured and uninjured, be listed on the crash report and that the Crash Diagram and Remarks, Data Element 75 be completed with a thorough description of the crash. Include all supplemental reports relating to this crash. All fatals occurring on non-public highways (driveways, shopping centers, etc.) shall also be submitted. All fatals must be reported to MSP Operations via the Law Enforcement Information Network (LEIN), using the format shown in Appendix C.

PARKED VEHICLES

Legally Parked Vehicle: A LEGALLY parked vehicle is a traffic unit on the UD-10. All occupants (including the person sitting behind the steering wheel) of a LEGALLY parked vehicle are passengers. Do NOT include a Drivers License Number (DLN) of the occupant seated behind the wheel. Michigan law does not require a person to have a driver license in order to sit in a legally parked vehicle. Code the person sitting behind the wheel in the Passenger section in Position “01.”

Illegally Parked Vehicle: An ILLEGALLY parked vehicle is a traffic unit on the UD-10 and is considered a motor vehicle “in transport.” If the vehicle is ILLEGALLY parked, list the DLN of the occupant seated behind the steering wheel. Notice we have intentionally avoided calling this person the “driver” because the car is PARKED, but the person’s DLN, name, address, etc. should be listed in the Driver section of the UD-10.

Unoccupied Vehicle: If the vehicle is UNOCCUPIED (parked legally or illegally), do not list any information in the Driver section.

INSTRUCTIONS FOR COMPLETION (Cont.)

Here are some important points to keep in mind when using this form:

1. A No. 2 pencil or a pen (blue or black ink only) may be used to complete this form. Do not use a felt tip pen because they bleed through to other data fields.
2. Do not write or make any marks on the paper outside the rectangular form. These marks may go through hash marks or into other bubbles and cause an incorrect reading of the data.
3. If an error is made in the "write-in" or "bubble" areas please correct accordingly. If using a pencil, erase the answer completely. If ink was used, correction tape or whiteout may be used (correction tape is preferred).
4. Do not use staples. The staples tear the report and cause an incorrect reading of the data.
5. Damaged, ripped, torn or taped forms cannot be processed. They will be returned to be re-written.
6. When a single digit response is recorded in a field that has two columns, a zero in the first column must also be filled in. For example, if the correct response to an item is "3," fill in a "0" in the first column and a "3" in the second column. The result will be "03."

FOR ASSISTANCE

Direct any questions about the use of the UD-10 Traffic Crash Report form to:

**Michigan State Police
Criminal Justice Information Center
7150 Harris Drive
Lansing, MI 48913**

**Office Phone:
(517) 322-1150**

**Office Fax:
(517) 322-5232**

CRASH DATA ELEMENTS

The following crash data element numbers coincide with the UD-10 form where the data elements are identified on the form.

1. ORI (Originating Agency Number) – Required (Mark One Digit Per Box)

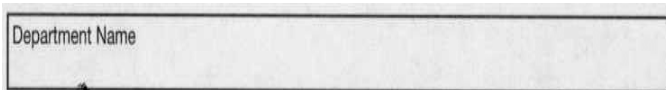
The image shows a form field for the Originating Agency Number (ORI). It consists of the text 'ORI:' followed by 'MI-' and then seven empty rectangular boxes for digits, totaling a nine-character ORI.

Enter each law enforcement agency's nine character ORI. The first two characters, MI, are preprinted on the form. The remaining seven digits will need to be completed.

The first two (2) digits identify the county in which the agency resides. The next three (3) digits identify the agency's jurisdiction number that is assigned by the Michigan State Police, LEIN Field Services Unit. The last two (2) digits are normally zeros (00), unless the LEIN Field Services Unit has assigned a specific precinct number.

The ORI is a unique identifier for every law enforcement agency. **It is important that it be correct and complete.**

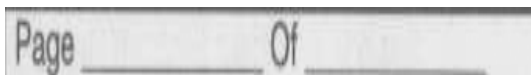
2. DEPARTMENT NAME - Required

The image shows a form field for the Department Name. It is a rectangular text box with the label 'Department Name' in the top left corner.

Enter the full name of the law enforcement agency. Do not abbreviate the agency name, although agency type may be abbreviated, e.g., Police Department (**PD**), Sheriff Department (**SD**) and Michigan State Police (**MSP**).

Michigan State Police must identify their non-abbreviated post location. The post number may be listed in addition to the post name.

3. PAGE NUMBER - Required

The image shows a form field for the Page Number. It consists of the text 'Page' followed by a horizontal line for the page number, and then the text 'Of' followed by another horizontal line for the total number of pages.

Since there is the possibility that more than one UD-10 form will be used to report a traffic crash, each form must be numbered in sequence. For example, if five vehicles are involved in a crash, three forms must be completed. The first UD-10 form would be numbered Page 1 of 3, the second UD-10 form, Page 2 of 3, and the third UD-10 form, Page 3 of 3. If only one form is used, it would be numbered page 1 of 1. See Serial Override Number, Data Element 71 to add additional pages.

4. INCIDENT NUMBER (Mark One Digit or Letter Per Box)

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| Incident # | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

Enter the agency's incident number.

5. FILE CLASS - Required

| |
|------------|
| File Class |
|------------|

Enter the appropriate file class for this crash. See Appendix G for a list of valid file classes.

6. DISPOSITION

| |
|---|
| Incident Disposition |
| <input type="radio"/> Open <input type="radio"/> Closed |

This box is used for local investigative purposes. Mark the appropriate status of the crash investigation at the time of submittal. Do not hold the UD-10 form pending closure.

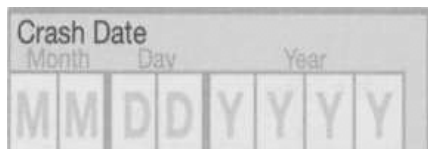
A UD-10 corrected copy is not needed to close an incident.

7. REVIEWER

| |
|----------|
| Reviewer |
|----------|

The person reviewing the report at a supervisory level will enter initials or other identifier.

8. CRASH DATE – Required (Mark One Digit Per Box)



The image shows a form titled "Crash Date". Below the title, there are three columns labeled "Month", "Day", and "Year". Under "Month" are two boxes labeled "MM". Under "Day" are two boxes labeled "DD". Under "Year" are four boxes labeled "YYYY".

Enter the date the crash occurred in the boxes. A future date is not valid.

If the date is unknown and cannot be reasonably estimated, use the date the crash was reported by the complainant.

A valid date is necessary to update records of each involved driver. If a crash report is submitted with an incorrect date, the original report must be deleted and a new report submitted. There **must** be a total of eight digits, **MM/DD/CCYY**.

9. CRASH TIME – Required (Mark One Digit Per Box)



The image shows a form titled "Crash Time". Below the title, there is a label "Military" and four boxes labeled "HHMM".

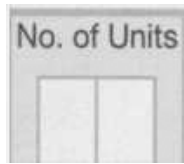
Enter the military time at which the crash occurred. **All military time must include four digits.**

If time occurred is unknown, code with 9999.

One minute after midnight is entered 0001 (this is the start of the day). 9:15 AM is 0915, 12:00 noon is 1200.

From 1:00 PM on, simply add 12 to the hour to get the military time. For example, 1:00 PM equals 1300 (1:00 + 12:00 = 13:00), 2:25 PM equals 1425 (2:25 + 12:00 = 14:25), and 10:05 PM equals 2205 (10:05 + 12:00 = 22:05).

10. NUMBER OF UNITS – Required (Mark One Digit With A Leading Zero)



Enter the total number of units (Motor Vehicles, Pedestrians, Bicycles and Engineers [railroad/train]) that were physically involved, up to a maximum of nine. Each unit counted in a crash **must** have a separate unit section completed.

Example: A crash involving a car that strikes two pedestrians would be listed as **three** units.

Example: All of the following would be crashes involving **two** units:

- car-train
- car-moped
- car-pedestrian
- car-snowmobile
- car-bicycle
- car-farm tractor
- car-snowplow

Example: A police officer used the push-bumper of the patrol car to push a disabled vehicle, Unit 1. The “operator” of Unit 1 hit another car, Unit 2. This would be a **two** unit crash. The police officer would be listed as the Driver of Unit 1 and the disabled vehicle would be listed as a trailer. Even though the “operator” of Unit 1 may have steered into Unit 2, the police officer driving the patrol car is listed as the Driver of Unit 1 because the patrol car was supplying the power.

Example: A car/animal crash or car/tree crash would involve only **one** unit because an animal or tree is not a Motor Vehicle, Bicycle, Pedestrian or Engineer (railroad//train).

Note: Do not include non-contact vehicles in the total number of units. Non-contact units shall be described in the Crash Diagram and Remarks, Data Element 75.

Example: If one car forces another off the road and into a collision with an off-road object, this would be a **one** unit crash. It would be a two-unit crash only if the two cars actually made contact with one another.

Note: If one vehicle sets an object in motion; such as a stone, piece of metal, loose tire or other debris that damages another vehicle, this would be a **two** unit crash. There may be very little or no information about the vehicle that initially set the object in motion. Even though there was not direct contact between the vehicles, an object was set in motion that made contact and caused damage. Further explain such occurrences in the Crash Diagram and Remarks, Data Element 75.

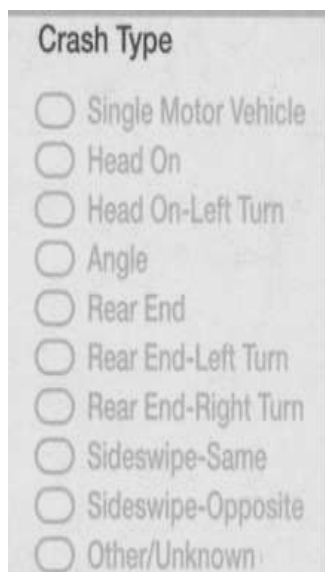
10. NUMBER OF UNITS (Cont.)– Required (Mark One Digit With A Leading Zero)

More than 9 Units

If a crash involves more than nine units, report the first nine together as one crash. Record any additional units as a second crash with the same DATE, TIME and LOCATION. The first form of this second crash must be completed in its entirety since it is a “new” crash. Do not enter the UD-10 Serial number from the first crash in the override area of the second crash. Write the UD-10 Serial numbers in the Crash Diagram and Remarks, Data Element 75 on the reverse side of each form.

Example: A crash involving ten motor vehicles and one pedestrian would have 11 units. For reporting purposes, the units in this crash would be divided into two distinct crashes. Up to nine units could be reported in the first crash with the remainder being reported in the second crash.

11. CRASH TYPE – Required (Select ONLY ONE)



A vertical form titled "Crash Type" with a list of radio button options. The options are: Single Motor Vehicle, Head On, Head On-Left Turn, Angle, Rear End, Rear End-Left Turn, Rear End-Right Turn, Sideswipe-Same, Sideswipe-Opposite, and Other/Unknown.

| Crash Type | |
|-----------------------|----------------------|
| <input type="radio"/> | Single Motor Vehicle |
| <input type="radio"/> | Head On |
| <input type="radio"/> | Head On-Left Turn |
| <input type="radio"/> | Angle |
| <input type="radio"/> | Rear End |
| <input type="radio"/> | Rear End-Left Turn |
| <input type="radio"/> | Rear End-Right Turn |
| <input type="radio"/> | Sideswipe-Same |
| <input type="radio"/> | Sideswipe-Opposite |
| <input type="radio"/> | Other/Unknown |

Choose **only one** crash type that best identifies the crash. In a multi-impact crash only the **first** crash type will be coded.

Determine Crash Type:

Crash Type is based on the intended direction of travel, regardless of point(s) of impact or direction vehicles ultimately face after crash. Damage area on the vehicle alone does not determine crash type.

Example: Two motor vehicles are approaching each other and one vehicle loses control and starts to spin. The rear of the out of control vehicle impacts the front of the other vehicle. This would be considered a "Head On" crash because the intended direction of travel of both vehicles was toward each other.

The following definitions will be applied to Crash Types. Except for "Single Motor Vehicle," the selection will be based on the first impact of the first two motor vehicles involved in the crash. Crash types of head-on, angle, rear-end, sideswipe same or sideswipe other, can include one “parked” vehicle.

1. Single Motor Vehicle: A crash that involves only one motor vehicle as defined in this manual. This includes those cases in which a motor vehicle was the only traffic unit, and the only motor vehicle involved that collided with a bicyclist, pedestrian, engineer (railroad train), animal or any other non-motorized object.

Any motorized vehicle or device is considered a "motor vehicle" even though the vehicle or device may not be defined as a motor vehicle in the Michigan Motor Vehicle Code or other

11. CRASH TYPE (Cont.) - Required (Select ONLY ONE)

applicable legislation. In that manner, traffic units such as ORV's, snowmobiles, ATV's, mopeds, farm tractors, garden tractors and motorized wheelchairs are motor vehicles for the purposes of completing this form. Please see Unit Type, Data Element 31 for a complete description of motorized vehicles.

Examples of Single Motor Vehicle crashes:

- One motor vehicle and two pedestrians
- One motor vehicle and a railroad train
- One motor vehicle and a bicycle
- While in transport, a wheel on a vehicle caught fire. If a fire occurs in or on any part of a vehicle while in transport on a roadway resulting in death, injury or property damage of \$1,000 or more, a UD-10 would be completed listing this as a "Single Motor Vehicle" crash. This type of occurrence is defined as a non-collision crash which is any road vehicle crash other than a collision crash.

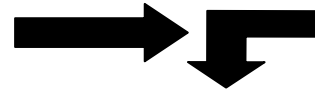
2. Head On: The intended direction of travel of both vehicles must be toward each other. The direction that the vehicles are facing when they come to rest or the points of impact on the vehicles are not the determining factors.

HEAD ON



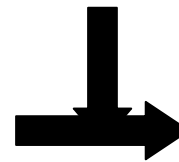
3. Head On-Left Turn: When two vehicles are approaching head on and at least one is attempting a left turn.

HEAD ON-LEFT TURN



4. Angle: This will be marked when the intended direction of travel is basically perpendicular for both drivers and there is a side impact of approximately 90 degrees.

ANGLE



An angle crash is a more direct impact and may stop the forward movement of one vehicle.

Do not mark Angle if the side impact takes place during a Head On-Left Turn, Rear End-Left Turn, or Rear End-Right Turn.

5. Rear End: When the vehicles are traveling in the same direction, one behind the other, and no turn is involved. Area of damage on the vehicles is not the determining factor.

REAR END

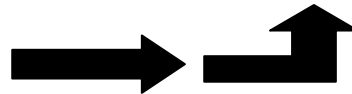


11. CRASH TYPE (Cont.) - Required (Select ONLY ONE)

Note: Any crash involving a vehicle backing up into another vehicle is not considered a rear end crash. This type of crash would be considered a Head On crash because the direction of travel was toward one another.

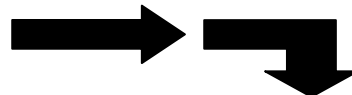
6. Rear End-Left Turn: When the intention of one driver was to make a left turn and he was struck by a following vehicle not necessarily in the same lane, Rear End-Left Turn will be marked. Initial impact damage to the turning vehicle may not necessarily be to the rear end.

REAR END-LEFT TURN



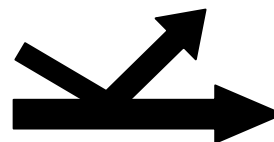
7. Rear End-Right Turn: Same as Rear End-Left Turn (6) except involving right turns.

REAR END-RIGHT TURN



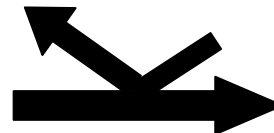
8. Sideswipe-Same: Vehicles traveling in the same direction making side contact will be marked Sideswipe Same. If a vehicle spins out of control and makes contact with another vehicle traveling in the same direction Sideswipe Same will still be marked regardless of points of contact on the vehicles. Sideswipe crashes differ from Angle crashes in that a Sideswipe is a glancing impact and should not in itself stop the forward movement of the vehicle. (An angle crash is a more direct impact and may stop the forward movement of one vehicle.)

SIDESWIPE-SAME



9. Sideswipe-Opposite: This will be marked when vehicles are traveling in opposite directions and they make a glancing side impact. Instructions for #8 also apply to this selection.

SIDESWIPE-OPPOSITE



10. Other/Unknown: This will be marked if it is determined the crash does not fit in one of the first nine selections.

Example: The only motor vehicle involved in a crash, runs off the road and overturns. This crash type would be marked as a "Single Motor Vehicle."

11. CRASH TYPE - Required (Select ONLY ONE)

Example: A car striking any of the following, on or adjacent to the roadway, would be marked as a "Single Motor Vehicle" crash type because none of the objects struck is a motor vehicle:

- Pedestrian
- Bicyclist
- Engineer (railroad/train)

Any crash involving two or more motor vehicles will require a Crash Type of 2 through 10, depending upon the profile of the collision.

Example: A car is stopped waiting to make a left turn and is struck in the rear by another car. **Rear End-Left Turn** will be marked.

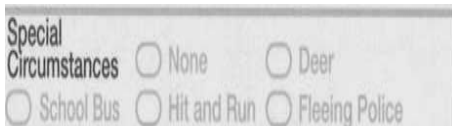
Example: A car proceeding straight through an intersection collides with an oncoming snowmobile that suddenly makes a left turn. **Head On-Left Turn** will be marked because of the type of crash and because, for UD-10 traffic crash reporting purposes, the snowmobile is considered a motor vehicle.

Example: A car rear-ends an ATV. Both are headed straight ahead at impact. **Rear End** will be marked since the ATV is considered to be a motor vehicle. The same code would be used if any other type of motorized vehicle was struck (e.g., car, farm tractor, snowmobile, etc.).

If multiple impacts are involved, only the first impact will determine the crash type.

Example: An oncoming truck sideswipes a car. The car then proceeds into a head-on crash with an oncoming vehicle. Because the first impact involved a sideswipe with an oncoming vehicle, **Sideswipe-Opposite** will be marked.

12. SPECIAL CIRCUMSTANCES - Required (AT LEAST ONE Must be Selected)



Special Circumstances ☐ None ☐ Deer
☐ School Bus ☐ Hit and Run ☐ Fleeing Police

Indicate special circumstances that were in any way involved or associated in the crash. **At least one bubble must be marked and more than one bubble may be marked if circumstances warrant.**

If no special circumstances exist, you must mark None.

None

No special circumstances exist. If None is selected, no other selections can be made.

Deer

If a deer is a contributing factor in a crash, mark Deer. The same reasoning is used in cases involving police pursuits.

12. SPECIAL CIRCUMSTANCES (Cont.)- Required (AT LEAST ONE Must be Selected)

Example: A driver swerves to miss a deer, loses control and collides with an oncoming vehicle. This is a deer associated crash, mark Deer.

School Bus

School bus shall be selected in situations where a school bus is related to the crash in any way. This includes situations where the school bus was a contact vehicle or where other units crashed due to the presence and influence of a school bus, even though the bus itself was not a contact unit.

Example: A school bus is hit by another vehicle. The school bus is actually involved in the crash, mark School Bus.

Example: An automobile that has stopped for a school bus is struck by another vehicle. The school bus was not involved in this crash but was associated with it, mark School Bus.

Example: A school bus has stopped. While a student is crossing the road, a driver disregards the bus flashing lights and hits the student. The bus was associated with the incident but not involved, mark School Bus.

Hit & Run

If the crash was a hit and run, mark Hit and Run.

Fleeing Police

If a police pursuit situation causes other vehicles to crash, mark Fleeing Police.

Example: A patrol car collides with a vehicle it is pursuing, mark Fleeing Police.

Example: A patrol car is in pursuit of a car that disregards a red traffic signal and collides with another car, mark Fleeing Police.

Example: A patrol car is pursuing Car 1. Car 1's erratic driving causes two other vehicles to collide, but Car 1 is not a contact vehicle in that crash, nor is the patrol car, mark Fleeing Police.

Example: A vehicle being pursued by police collides with a school bus, mark School Bus and Fleeing Police.

13. SPECIAL STUDY



The Special Study box allows both state and local officials to highlight specific crash situations for statistical studies. Personnel will receive instructions from the agency if a special study is implemented. Otherwise, leave blank.

14. WEATHER – Required (Select ONLY ONE)

| | | |
|----------------------------|---------------------------------|---|
| Weather (Mark Only One) | <input type="radio"/> Clear | <input type="radio"/> Severe Wind |
| | <input type="radio"/> Cloudy | <input type="radio"/> Snow/Blowing Snow |
| | <input type="radio"/> Fog/Smoke | <input type="radio"/> Sleet/Hail |
| | <input type="radio"/> Rain | <input type="radio"/> Other/Unknown |

Indicate the **one most significant** weather condition at the time of the crash. If there are multiple weather factors, only the **most** significant factor must be indicated.

Other factors may be noted in the Crash Diagram and Remarks, Data Element 75.

15. LIGHT - Required (Select ONLY ONE)

| | | |
|--------------------------|--------------------------------|--------------------------------------|
| Light (Mark Only One) | <input type="radio"/> Daylight | <input type="radio"/> Dark-Lighted |
| | <input type="radio"/> Dawn | <input type="radio"/> Dark-Unlighted |
| | <input type="radio"/> Dusk | <input type="radio"/> Other/Unknown |

Indicate the **one most significant** light condition at the time of the crash. If there are multiple light factors only the **most** significant factor must be indicated.

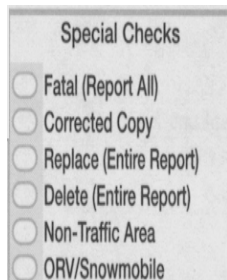
Other factors may be noted in the Crash Diagram and Remarks, Data Element 75.

16. ROAD CONDITION - Required (Select ONLY ONE)

| | | | |
|-----------------------------------|---------------------------|------------------------------|---|
| Road Condition (Mark Only One) | <input type="radio"/> Dry | <input type="radio"/> Snowy | <input type="radio"/> Debris |
| | <input type="radio"/> Wet | <input type="radio"/> Muddy | <input type="radio"/> Other/ Unknown |
| | <input type="radio"/> Icy | <input type="radio"/> Slushy | |

Mark the **one most significant** condition that applies to the crash. Other conditions may be described in the Crash Diagram and Remarks, Data Element 75.

17. SPECIAL CHECKS (MORE THAN ONE selection can be made)



Special Checks

☐ Fatal (Report All)

☐ Corrected Copy

☐ Replace (Entire Report)

☐ Delete (Entire Report)

☐ Non-Traffic Area

☐ ORV/Snowmobile

FATAL

Mark this box when a fatality is known to have occurred as of the date the report is submitted. When the Fatal bubble is marked, be sure to also mark the Injury code 'K' for the appropriate person.

If a person dies after the report has been submitted, a Corrected Copy **must** be submitted. The Fatal bubble would be marked on the corrected form. **Be sure to fill in the Fatal bubble and the Corrected Copy bubble and write the original serial number in the override box.** See guidelines on submitting a Corrected Copy.

FATAL

Mark Fatal whenever any person listed on a UD-10 dies. Those deaths are reported to Special Operations via LEIN and should be marked with a 'K' Injury code on the UD-10. Fatales will fall within four categories:

1. **NORMAL Fatalities:** These are deaths that occur within 30 days of a crash as the result of injuries received in that crash. Should the death occur after the UD-10 has been submitted, but within the 30-day time frame, a Corrected Copy must be forwarded for the death to be counted statistically.
2. **NON-COUNT Fatalities:** Unlike Normal Fatalities, these deaths are not counted statistically because the person expired more than 30 days after the crash date. Upon submission of the UD-10 by the policing agency (with the appropriate FATAL and Injury code 'K' marked), FARS Unit personnel will process the information they require and will then white-out the FATAL bubble and change the 'K' to an 'A' Injury code. The UD-10 will be processed as an injury crash.
3. **MEDICAL Fatalities:** When a person dies from medical causes not related to the crash the death is not statistically counted as a traffic fatality. Upon receipt of the UD-10 with the appropriate FATAL and Injury code 'K' marked by the policing agency, FARS Unit personnel will change the 'K' to an 'O' Injury code before the report is processed, upon verification by the agency or a death certificate.
5. **NON-TRAFFIC Fatalities:** Non-Traffic Fatales are those that occur in or on areas not publicly maintained and/or open to the public for thru traffic; i.e., parking lots, fields, lake surfaces, etc.

Fatales deemed Non-Traffic are not compiled with the Normal Fatalities, but the data is utilized by the Department of State concerning driver records, the Department of Community Health concerning death certificates, and the Department of Natural Resources concerning activities and tourism.

Non-traffic snowmobile and ORV crashes are required by state law to be submitted and compiled. Non-traffic fatalities are used simply as a name list for queries and to make sure driver records are cleared; they are not processed for statistics.

17. SPECIAL CHECKS (Cont.) - MORE THAN ONE selection can be made)

CORRECTED COPY (A change to a form previously submitted)

Select Corrected Copy to submit a change to a crash form **previously submitted** to the Michigan State Police. The corrected copy requires certain information in addition to the content item(s) being changed or added. The following items **must** be submitted on all corrected copies submitted:

Required Data Elements for a Corrected Copy

- Agency ORI
- Department Name
- Original Incident Number
- Crash Date (previously submitted)
- Special Checks (Corrected Copy)
- County
- City/Township
- Unit Number
- The preprinted serial number of the original traffic crash report being corrected. See Serial Override Number, Data Element 71.

Do not write over, cross out or white-out the pre-printed serial number.

When using the Corrected Copy option, start by marking one of the Unit Number, Data Element 30 bubbles on the front of the form. Mark the appropriate Unit Number needing the correction. **Start on the front page, even if it is Unit 2-9.**

If changes are being made to an area that does not relate to a unit number, Unit 1 must still be complete. This allows a link of information between the corrected copy and the original.

Example: Crash Type is being changed from Other/Unknown to Head On. The Unit Number 1 must still be filled in.

No correction will be made if the Unit Number field is not completed.

Note: Units or passengers **cannot** be added or deleted via the corrected copy process. Use the **Replace** process for this type of change.

Note: Date change **cannot** be made via the Corrected Copy process. Use the **Delete and Replace** process for this type of change.

17. SPECIAL CHECKS (Cont.) - MORE THAN ONE selection can be made)

REPLACE (Replace an entire report previously submitted)

When changing the number of units or the identity of a driver, a new report must be submitted.

If an investigation of a crash reveals a major change in the circumstances known to have occurred in that crash, resubmit an entire rewritten report to supersede the initial report submitted. The completely rewritten report must include the preprinted serial number of the traffic crash report being replaced in the override serial # box. See Serial Override Number, Data Element 71. **The entire report must be replaced. A single page of a report cannot be replaced.**

Example: The investigation reveals the number of units reported was inaccurate on a previously submitted crash report. To correct the number of units, replace the original UD-10 crash report with a rewritten, updated report.

Example: In a previously submitted report, John Jones was listed as the driver of a vehicle. Later, he is determined to have been a passenger instead. This change will require a replace of the original UD-10 crash report because the driver information is not only changing, but the crash must also now be replaced.

DELETE (Delete an entire report from system)

Mark Delete only to delete an entire report from the system.

The report form submitted to delete an entire previously submitted traffic crash report must have the following information:

Required Data Elements for a Delete

- Agency ORI
- Department Name
- Original Incident Number
- Crash Date (previously submitted)
- Special Checks (Delete)
- County
- City/Township
- Unit Number (1 bubble filled in)
- Preprinted serial number of the previously submitted traffic crash report being deleted. See Serial Override Number, Data Element 71.

Example: A previously submitted Hit-Run crash is determined to be a false police report.

Example: A traffic crash proves to be the result of an intentional act; i.e., an assault.

In order to change the date of a crash previously reported, first delete the original crash and then submit a new UD-10 crash form.

17. SPECIAL CHECKS (Cont.) - MORE THAN ONE selection can be made)

NON-TRAFFIC

Except for the following situations, non-traffic crashes will not be submitted to the state records system:

1. Non-traffic snowmobile crashes
2. Non-traffic Off Road Vehicle (ORV) crashes
3. Fatal non-traffic crashes

Please remember when submitting the above types of non-traffic crashes that Area, Data Element 23 must be marked 19 (Non-traffic Area).

The State of Michigan requires that both traffic crashes and non-traffic crashes involving snowmobiles and ORVs be reported. This requirement applies whenever an ORV or snowmobile is involved in a crash resulting in a fatality, personal injury, or property damage estimated at **\$100 or more**.

There is no state law requiring the reporting of non-traffic crashes, however, the State of Michigan requests that fatal non-traffic crashes be reported via the UD-10 Traffic Crash Report and the LEIN Fatal Crash Notification shown in Appendix C. These are not federally reported.

Remember, more than one selection may be marked in Special Checks.

Example: A fatal crash occurs in a shopping center parking lot, mark Fatal and Non-Traffic.

Example: A snowmobile fatally injures a pedestrian in an off-road collision on private property, mark Fatal, Non-Traffic and ORV/Snowmobile.

18. COUNTY – Required (Mark One Digit Per Box)

| County | |
|--------|--|
| | |

Enter the county number in which the crash.

This is a required field. If not completed properly, the form cannot be processed.

19. CITY/TOWNSHIP - Required (Mark One Digit Per Box)

| City/Twp | |
|----------|--|
| | |

Enter the City or Township code for the political jurisdiction in which the crash occurred. See Appendix for the City/Township Code List.

This is a required field. If not completed properly, the form cannot be processed.

20. TRAFFIC CONTROL - Required (Select ONLY ONE)

| | |
|-----------------------|---------------|
| Traffic Control | |
| <input type="radio"/> | None of These |
| <input type="radio"/> | Signal |
| <input type="radio"/> | Stop Sign |
| <input type="radio"/> | Yield Sign |

FOR ALL CRASHES, at least one selection must be made. If there was no traffic control present, mark "None of These."

A traffic signal is a 3-light (red-yellow-green) device that alternately assigns right-of-way. Even if the light is in a red-yellow flashing pattern, it is still considered a traffic signal. Mark 1-Signal regardless of whether the traffic signal was operating properly at the time of the crash.

A 1-light beacon that flashes red or yellow is not considered a traffic signal. A stop or yield sign would accompany this 1-light beacon. Indicate which type of sign is present.

If the crash occurred within 150' of an intersection and the traffic control device was a contributing factor in the crash, mark which of the traffic control devices was present at the intersection.

Note: If a person is "holding" a sign and officially directing traffic, select the appropriate sign. For example, if a person is holding a stop sign at a school crossing to allow the children to cross the street, select "stop sign."

21. RELATION TO ROADWAY - Required (Select ONLY ONE)

| | |
|-------------------------------|--|
| Relation to Roadway | |
| (Location of First Impact) | <input type="radio"/> Shoulder |
| <input type="radio"/> On Road | <input type="radio"/> Outside of Shoulder/Curb |
| <input type="radio"/> Median | <input type="radio"/> Gore |
| | <input type="radio"/> Other/Unknown |

Identify the location of the first impact of the crash in relationship to the roadway.

On Road

An on-roadway crash is one of two circumstances. Either a collision crash in which the initial point of contact between the colliding units in the first harmful event is within a roadway or a non-collision crash in which the road vehicle involved was partly or entirely on the roadway at the time of the first harmful event.

Example: A crash occurs in the normally traveled area of the roadway, including left turn lanes and right and left turn flares. Mark **1 - On Road**.

Example: A car leaves the thru lane, moves to the right into a parking lane, and strikes a parked car. The parked car is on the road, not on the shoulder. Mark **1 - On Road**.

21. RELATION TO ROADWAY (Cont.)- Required (Select ONLY ONE)

Median

A median is an area of a trafficway between parallel roads separating travel in opposite directions.

Example: A car drives into the area between the inside left-hand pavement edges of a divided highway striking a bridge abutment. Mark **2 - Median**.

Shoulder

A shoulder is that part of a trafficway adjoining with the roadway for emergency use, for accommodation of stopped road vehicles and for lateral support of the roadway structure.

Example: A car drifts out of the normally traveled lanes, striking a car parked on the shoulder. Mark **3 - Shoulder**.

Outside of Shoulder/Curb

A driver avoids a collision in an intersection by swerving off the road and striking a culvert end. Mark **4 - Outside of Shoulder/Curb**.

Gore

The gore is the narrow area between the main roadway and an exit or entrance ramp where the two completely separate or come together. The area is bounded on both sides by the edges of the roadways that join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways.

Example: A driver attempts to exit a freeway; however, the car goes off into the gore area and overturns. Mark **5 - Gore**.

22. CONSTRUCTION ZONE (If Applicable, all 3 fields must be completed)

| Construction Zone (if applicable) (Mark One From Each Group) | | | |
|--|---------------------------|--------------------------------|----------------------------|
| Type | Lane Closed | Activity | |
| <input type="radio"/> Const./Maint. | <input type="radio"/> Yes | <input type="radio"/> On Road | <input type="radio"/> None |
| <input type="radio"/> Utility | <input type="radio"/> No | <input type="radio"/> Off Road | |

If the crash took place within a construction zone, indicate the specific type of area by marking one choice in each of the three categories.

If a construction zone is NOT present, do NOT complete any of the three fields within this box.

If any of these three fields are completed, the crash is recorded as a construction zone crash.

Type

Construction/Maintenance - indicates roadway construction, maintenance or repair. The building, maintenance or repair of the road itself and roadway-related features (e.g., overhead signs, signals, etc.).

Utility - indicates work on facilities other than the roadway such as telephone, electrical, cable television, water, or sewer.

Note: A construction/maintenance zone may or may not be posted as such. If posted, the zone extends from the first "Construction Ahead" warning sign to the final "Construction Ends" sign. If there are no posted warning signs marking the start of the zone, the first or last traffic cone or barricade may be used instead.

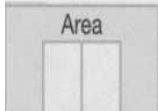
Lane Closed

Complete if Type has been selected. Indicate whether one or more lanes were closed in the construction zone.

Activity

Complete if Type and Lane Closed are selected. Indicate whether the construction activity was, (1) on the road, (2) off the road, or (3) no activity was occurring at the time of the crash. If the zone is several miles long, judge whether there was activity in the general area of the crash.

23. AREA - Required (Mark One Digit Per Box)



This section is used to describe the nature of the area in which the crash occurred. The basic distinction is between freeway and non-freeway areas. Select the one option that most clearly describes the nature of the collision area.

Freeway Crash - 01 thru 06

- 01 Entrance/exit ramp related
- 02 Median crossing related
- 03 Transition area (increase or decrease in travel lanes)
- 04 Rest area related
- 05 Scale/weigh station related
- 06 All other freeway areas

Non-Freeway Intersections - 07 thru 09

- 07 Within intersection
- 08 Driveway related (within 150 feet of nearest edge of intersection)
- 09 Intersection related - other

Other Non-Freeway Areas - 10 thru 21

- 10 Straight roadway - not related to other selections
- 11 Curved roadway - not related to other selections
- 12 Driveway related (not within 150 feet of intersection)
- 13 Parking related (legal roadside)
- 14 Transition area (increase or decrease in travel lanes)
- 15 Median crossing related
- 16 Railroad grade crossing-related
- 17 Rest area related
- 18 Scale/weigh station related
- 19 Non-traffic area
- 20 Other
- 21 Unknown

Example: A collision occurs on a freeway between a vehicle on the freeway and another vehicle attempting to merge into thru traffic from a half-mile long acceleration lane. The crash occurs in an area marked with "Lane Ends" warning signs. Mark **03 - Transition area (increase or decrease in travel lanes)**.

Example: A car fails to negotiate a freeway curve, leaves the roadway and overturns down an embankment. It does not occur near an exit ramp, rest area, or weigh station. Mark **06 - All other freeway areas**.

Example: A car exiting a service station driveway collides with a passing vehicle. The driveway is 100 feet from the nearest edge of the intersection. Mark **08 - Driveway related (within 150 feet of nearest edge of intersection)**.

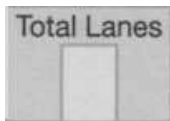
23. AREA (Cont.) - Required (Mark One Digit Per Box)

Example: A car traveling on a 4-lane road with two through lanes in each direction collides with a car illegally parked in the right lane. If this crash occurred on a freeway, whether the roadway was straight or curved, mark **06 - All other freeway areas**. If the road is straight and not a freeway, mark **10 - Straight Roadway**. If the road were curved, mark **11 - Curved Roadway**. Option 13 - Parking related (legal roadside) would not be marked because the vehicle struck was illegally parked.

Example: On a straight city street near an intersection, a motorist opens his/her drivers door to exit his/her legally parked vehicle. A passing car collides with the open door. The most descriptive code is **13 - Parking-related**, since that is more significant than the roadway being straight or the impact occurring near an intersection.

Example: A fatal car-pedestrian crash takes place in an off-street parking lot. Mark **19 - Non-traffic area**. In this case, also make sure that Non-Traffic Area is marked under Special Checks, Data Element 17.

24. TOTAL LANES – Required (Mark One Digit)

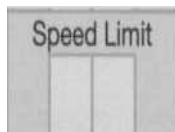


Mark the total number of lanes, curb to curb, or edge of roadway (excluding shoulders) of the roadway which is listed as the crash location.

Continuous center-turn lanes shall be included in the count, but legal parking lanes (whether occupied or not) and right and left turn flares shall not be counted.

If the crash took place on a divided roadway, indicate the number of lanes available to a single direction of traffic at the point where the crash took place. If the crash happened other than on a roadway, mark "0."

25. SPEED LIMIT - Required (Mark One Digit Per Box)



Indicate the speed of the road (NOT the speed of the vehicle) on which the crash took place.

If the crash took place within an intersection, enter the highest speed limit of the roads involved.

26. POSTED - Required (Select ONLY ONE)

Posted

☐ Yes

☐ No

Indicate whether or not the speed limit was posted.

Posted Roadways

Posted speed limits are those speed limits posted through the use of regulatory signs (black numbers on a white background) or on electronic variable message signs.

Do not consider advisory speeds as posted speed limits. Advisory speed limits are the black numbers on yellow background signs posted underneath advance warning signs such as Curve Ahead signs. Advisory speeds should be shown in the Crash Diagram and Remarks, Data Element 75.

Unposted Roadways

Do not estimate a safe speed limit based upon Basic Speed Law and the conditions existing at the time and place of the crash. Refer to Michigan Motor Vehicle Code Section 627, re: prima facie speed limits in (unposted) business, residential and park districts for additional information.

Example: A crash occurs on a rural road. There are no posted speed limit signs and the area is neither a business, residential, park, or school zone. The roadway is snow-covered at the time of the crash. Mark 55 and No in this instance.

27. LOCATION – Required (Mark One Digit or Letter Per Box)

LOCATION

Prefix Road Name Divided Roadway (N S E W) Road Type Suffix

Distance ☐ FT ☐ North ☐ East ☐ Beginning of Ramp ☐ Trafficway (1 2 3 4) ☐ Access Control (1 2 3)

☐ MI ☐ South ☐ West ☐ End of Ramp

Prefix Intersecting Road Divided Roadway (N S E W) Road Type Suffix

The location of a crash is defined by the following factors:

- Road Name on which the crash occurred
- Distance and Direction of the point of impact from an Intersecting Road (located within the county of the crash)
- Intersecting Road name

Landmarks, freeway mile markers, private roadways, addresses, or factory gate numbers cannot be used as a reference point to identify the location of a crash.

27. LOCATION – (Cont.) Required (Mark One Digit or Letter Per Box)

Road Name

Enter all the name(s), in relation to the road, which can include some or all of the following:

- Prefix (N, S, E, W, NE, NW, SE, SW)
- Primary or intersecting road names
- Road Type (Dr, St, Rd, Ave, etc.)
- Road Suffix (NE, SE, etc.)
- Identifying number(s) – (County Rd 524)
- Traffic directions (if a median exists) of a street or highway (ex: S (I75), E (I94))

Be sure to include route numbers; i.e. M-24 Northbound Main Street. Following are examples:

| <u>Road Name</u> | <u>Written</u> |
|-----------------------|---|
| Hall Road | Hall Rd M59 |
| 8255 Saginaw Street | Saginaw St (do not include address numbers) |
| South Beltline Ave NW | Prefix = S, Road Name = Beltline, Road Type = Ave, Road Suffix = NW |

Divided Roadway

When referencing divided roadways, always mark the direction of travel of the roadway involved. Following are examples:

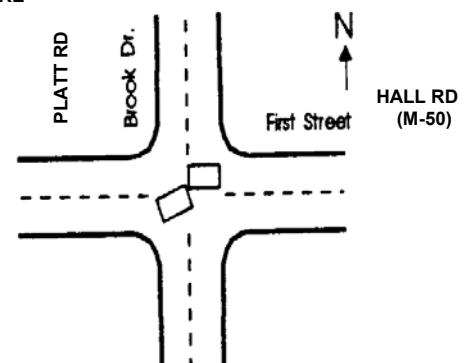
| <u>Road Name</u> | <u>Written</u> | <u>Divided Roadway</u> |
|------------------|---------------------|------------------------|
| South I-75 | S I75 | S |
| South Telegraph | S Telegraph, S US24 | S |
| Northeast I-94 | NE I94 | N and E |
| East 8 Mile | E 8 Mile, E M102 | E |

Distance

Locate all crashes by measuring along a road from the point where the projected center lines of the intersecting roadways cross. A location AT an intersection will be rare. It is at the exact point where the projected centerlines of the intersecting roadways cross.

| | | | | | |
|----------|----------|-------------------|--|----------------------|------------------------|
| LOCATION | Prefix | Road Name | Divided Roadway (N S E W) | Road Type | Suffix |
| | | HALL | | RD | |
| | Distance | AT | <input type="radio"/> FT <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp <input type="radio"/> MI <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp | Trafficway (1 2 3 4) | Access Control (1 2 3) |
| | Prefix | Intersecting Road | Divided Roadway (N S E W) | Road Type | Suffix |
| | | PLATT | | RD | |

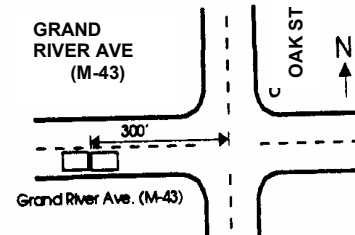
FIGURE 1



27. LOCATION (Cont.) - Required (Mark One Digit or Letter Per Box)

Measurements should be made from the AT point to the point of impact of the unit(s), staying within county boundaries.

| | | | | | | | | | | | | | | | | | | | | | |
|----------|----------|-------------------|---|----|---|----|---|-------|---|------|---|-------------------|-----------------|-----------|--------|---|---|----------------|---|---|---|
| LOCATION | Prefix | Road Name | | | | | | | | | | Divided Roadway | (N) (S) (E) (W) | Road Type | Suffix | | | | | | |
| | | W | G | R | A | N | D | R | I | V | E | R | | | AVE | | | | | | |
| | Distance | 300 | ● | FT | ○ | MI | ○ | North | ○ | East | ○ | Beginning of Ramp | Trafficway | 1 | 2 | 3 | 4 | Access Control | 1 | 2 | 3 |
| | Prefix | Intersecting Road | | | | | | | | | | Divided Roadway | (N) (S) (E) (W) | Road Type | Suffix | | | | | | |
| | | | O | A | K | | | | | | | | | | ST | | | | | | |



Mark the direction bubbles as needed. If, however, the roadway runs northeast, southwest, etc., then mark the two bubbles to show the road direction, i.e., NE, SW.

The sign on each ramp can be considered the street name assigned to that stretch of roadway and therefore follows the normal rules for any other street in the total system. There are two exceptions when using ramp signs in the crash location portion of the UD-10:

1. A ramp is considered starting (Figure 1) and/or ending (Figure 2) at a right angle to the gore (area of land where two roadways diverge or converge). See Appendix C for the definition of gore.

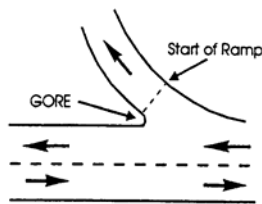


Figure 1

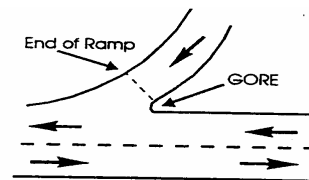


Figure 2

When the ramp intersects a crossroad, the imaginary centerlines shall be used (Figure 3).

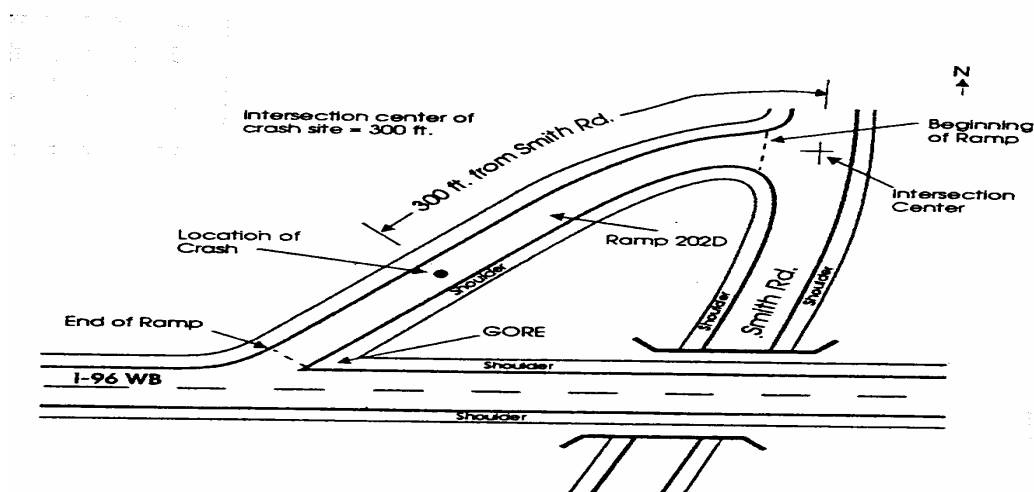


FIGURE 3

27. LOCATION (Cont.) – Required (Mark One Digit or Letter Per Box)

2. The intersecting street used for a ramp must be either the street at the beginning or the street at the end of the ramp, whichever street the distance given is measured from.

| | | | | | | | | | | | |
|----------|----------|-------------------|------|------|---------|---------------------------|---------------------|----------------------|--------------------------|-----------|--------|
| LOCATION | Prefix | Road Name | | | | Divided Roadway (N S E W) | | | | Road Type | Suffix |
| | | RAMP | 202 | D | | | | | | | |
| | Distance | 200 | ● FT | ○ MI | ○ North | ○ East | ○ Beginning of Ramp | Trafficway (1 2 3 4) | Access Control (1 2 3 4) | | |
| | | | | | ○ South | ○ West | ● End of Ramp | | | | |
| LOCATION | Prefix | Intersecting Road | | | | Divided Roadway (N S E W) | | | | Road Type | Suffix |
| | W | I | 96 | | | | | | | | |



Directions for Railroad Crossings

Most railroad crossings have a National Inventory (NI) number. This NI number is usually attached to the railroad crossing signal support or the crossbuck sign support at the grade crossing. When locating crashes at or near a railroad crossing, the NI number can be used as a reference point just as a street name could. The NI number has a maximum of six numbers followed by a letter and is displayed at the crossing in this format 233-106-P. When using the NI number to reference a traffic crash, record it as the intersecting street with the following format RR233106P.

28. TRAFFICWAY - Required (Select ONLY ONE)

A horizontal rectangular form with a light gray background. On the left, the word "Trafficway" is written in a dark gray, sans-serif font. To the right of the text are four circular buttons, each containing a number from 1 to 4. The buttons are arranged horizontally and are slightly raised, giving them a 3D appearance.

Traffic Way is a code indicating whether or not a roadway is divided and whether it serves one-way or two-way traffic. This is used in classifying crashes as well as identifying the environment of a particular crash. This information is important to guide future trafficway design and traffic control.

Indicate the degree of trafficway division at the site of the crash.

1. Not physically divided (two-way trafficway)
2. Divided highway, median strip, without traffic barrier
3. Divided highway, median strip, with traffic barrier
4. One-way trafficway

29. ACCESS CONTROL - Required (Select ONLY ONE)

A horizontal rectangular form with a light gray background. On the left, the words "Access Control" are written in a dark gray, sans-serif font. To the right of the text are three circular buttons, each containing a number from 1 to 3. The buttons are arranged horizontally and are slightly raised, giving them a 3D appearance.

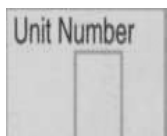
Access Control is the degree that access to abutting land, light, air, or view in connection with a roadway is fully or partially controlled by public authority. This information is highly correlated with crash rates and is important to guide future highway design and traffic control.

Indicate the degree that public authority controls access to an adjoining roadway.

1. No access control (unlimited access)
2. Full access control (ramp entry & exit only)
3. Other (partial access control)

Note: Access is controlled by roadway configuration, not traffic control devices, i.e., No Left Turn sign, etc.

30. UNIT NUMBER – Required (Mark One Digit)



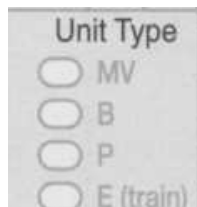
Every unit involved in a crash must be given a unit number. Each of these units will be described as either a **Motor Vehicle** (including a parked vehicle), **Bicycle**, **Pedestrian** or **Engineer** (train) as outlined in Unit Type, Data Element 31.

An animal (horse, deer, cow, etc.) is **NOT** a traffic unit.

If a horseback rider is involved in a crash, the rider will be entered as a pedestrian unit; the horse will not be considered a unit. If a horse and buggy are involved in a crash, they will not be entered as a unit; each human occupant of the buggy will be listed as a separate pedestrian unit.

Note: The vehicle designated as Unit 1 must be on the first page of any UD-10 submitted whether it is determined to be “at fault” or not. Remember this does not apply when submitting a Corrected Copy. See Special Checks, Data Element 17.

31. UNIT TYPE - Required (Select ONLY ONE)



For each unit involved in the crash, one Unit Type must be selected:

- MV** Motor vehicle (any motorized unit designed to be operated on land)
- P** Pedestrian
- B** Bicycle
- E** Engineer (railroad/train)

The following examples are intended to assist in selecting the correct unit type.

| (MV) Motor Vehicle | (P) Pedestrian |
|--|---|
| “Standard” motor vehicle – cars, pickups, vans, buses, trucks, motorcycles, etc. | Person on foot |
| Emergency vehicles – police, fire, ambulance | Person on skis, skates or rollerblades |
| Farm equipment – farm tractors, combines, etc. | Rider of a horse |
| Off Road Vehicles (ORV's) | Horse and buggy (each occupant, including the driver will be listed as a separate pedestrian unit). |
| Snowmobiles | Non-motorized wheel chair |
| Mopeds | |
| All-Terrain Vehicles (ATV's) | |
| Dirt bikes, motorbikes, go-carts | (B) Bicycle |
| Garden Tractor | All forms of padalcycles, including those with one, two and three wheels |
| Motorized wheel chair | |
| Cushman scooters | |
| Road maintenance equipment – dump trucks, snowplow, road graders | (E) Engineer (Train) |
| Construction Equipment – rollers, front-end loaders, scrapers, mobile cranes, etc. | Engineer (railroad/train) |

32. DRIVER – Required if Known

| | | |
|----------------------|-----------------------|---------------|
| State | Driver License Number | Date of Birth |
| <input type="text"/> | <input type="text"/> | MMDDYYYY |
| Name | | |
| Street Address | | |
| City | State | Zip |
| Phone Number | | |

The person behind the wheel in physical control of the vehicle is considered the driver. A person seated behind the steering wheel of a towed vehicle is not a driver. They would be considered a passenger in a trailing unit, see Passenger, Data Element 59. The vehicle would be a Towed Auto (5), see Private Trailer Type, Data Element 56.

Do not list driver information for an UNOCCUPIED parked vehicle.

State

Enter the state in which the driver license was issued.

UNITED STATES ABBREVIATIONS

| | | | |
|---------------|----|----------------|----|
| Alabama | AL | Montana | MT |
| Alaska | AK | Nebraska | NE |
| Arizona | AZ | Nevada | NV |
| Arkansas | AR | New Hampshire | NH |
| California | CA | New Jersey | NJ |
| Colorado | CO | New Mexico | NM |
| Connecticut | CT | New York | NY |
| Delaware | DE | North Carolina | NC |
| Florida | FL | North Dakota | ND |
| Georgia | GA | Ohio | OH |
| Hawaii | HI | Oklahoma | OK |
| Idaho | ID | Oregon | OR |
| Illinois | IL | Pennsylvania | PA |
| Indiana | IN | Rhode Island | RI |
| Iowa | IA | South Carolina | SC |
| Kansas | KS | South Dakota | SD |
| Kentucky | KY | Tennessee | TN |
| Louisiana | LA | Texas | TX |
| Maine | ME | Utah | UT |
| Maryland | MD | Vermont | VT |
| Massachusetts | MA | Virginia | VA |
| Michigan | MI | Washington | WA |
| Minnesota | MN | West Virginia | WV |
| Mississippi | MS | Wisconsin | WI |
| Missouri | MO | Wyoming | WY |

32. DRIVER – Required if Known

CANADIAN TERRITORIES

| | | | |
|-----------------------|----|----------------------|----|
| Alberta | AB | Nunavut | NU |
| British Columbia | BC | Ontario | ON |
| Manitoba | MB | Prince Edward Island | PE |
| New Brunswick | NB | Quebec | PQ |
| Newfoundland/Labrador | NF | Saskatchewan | SK |
| Northwest Territories | NT | Yukon Territory | YT |
| Nova Scotia | NS | | |

MEXICAN STATES

| | | | |
|-----------------------|----|----------------------|----|
| Aguascalientes | AG | Moreos | MR |
| Baja California Norte | BN | Nayarit | NA |
| Baja California Sur | BS | Nuevo Leon | NL |
| Campeche | CP | Oaxaca | OA |
| Chiapas | CS | Puebla | PU |
| Chihuahua | CI | Queretaro de Arteaga | QE |
| Coahuila de Zaragoza | CH | Quintana Roo | QI |
| Colima | CL | San Luis Potosi | SL |
| Distrito Federal | DF | Sinaloa | SI |
| Durango | DO | Sonora | SO |
| Guanajuato | GJ | Tabasco | TB |
| Guerrero | GE | Tamaulipas | TA |
| Hidalgo | HD | Tlaxcala | TL |
| Jalisco | JA | Veracruz-Llano | VC |
| Mexico | MX | Yucatan | YU |
| Michoacan de Ocampo | MC | Zacatecas | ZA |

INTERNATIONAL

International XX

Driver License Number

Enter the driver license number of the driver. **Do not list a Driver License Number for a Bicyclist, Pedestrian, or Engineer/Train.**

Do not list driver information for an unoccupied-parked vehicle.

Name

Enter first name, middle name or initial, last name.

Address

Enter the complete street, city/township, state and zip code of the person/driver. If the zip code is the extended nine-digit code, enter all nine digits.

Phone Number

Enter the area code and phone number where the person/driver is most likely to be contacted.

32. DRIVER – Required if Known

Date of Birth

Enter the person/driver date of birth: MM/DD/CCYY. There must be a total of eight digits.

License Type and Endorsements (More than one can be marked)

Mark all code letters as displayed in the License Type box on the driver license.

| <u>License Type</u> | <u>Endorsements</u> |
|---------------------|-------------------------|
| O - Operators | CY - Cycle |
| C - Chauffeurs | F - Farm |
| M - Moped | R - Recreational Double |

Note: If a drivers license is suspended or revoked, indicate this in the Crash Diagram and Remarks, Data Element 75.

See examples of various driver licenses in back of manual.

Sex

Mark the person/driver sex, M or F

33. DRIVER CONDITION – Required for Driver (At least one bubble must be marked)



Select the condition of the driver that may have contributed to the crash. This is important for evaluating the effect that driver fatigue, medications, alcohol, drugs, or other conditions have on the crash.

Indicate the apparent condition of the driver at the time of the crash.

If 1 - Appeared Normal is selected, no other selections can be made.

| | | | |
|---|-------------------|----|----------------------|
| 1 | Appeared normal | 6 | Asleep |
| 2 | Had been drinking | 7 | Medication |
| 3 | Illegal drug use | 8 | Distracted |
| 4 | Sick | 9 | Using cellular phone |
| 5 | Fatigue | 99 | Unknown |

34. **ALCOHOL/DRUG EVALUATION & IGNITION INTERLOCK** **Required (More than one bubble may be marked for Test Type)**

| | | | | | | |
|-----------|--|-------------------------------|--|---|--|--|
| Interlock | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Refused | <input type="radio"/> Not offered | (Submit Results To FARS When Available) | | |
| Alcohol | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |
| Drugs | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |

Alcohol:

Indicate whether, in the officer's opinion, drinking had been involved. Next, indicate the type of test, if any, that was administered. If a test was given, enter the test results on the blank line. If drinking was involved, but no test was given, indicate whether the test was Refused by the subject or Not Offered by the officer.

The Field entry refers to the administration of any field sobriety tests (also known as psycho-physical tests). If any type of balance test, "finger-to-nose," or similar type of field sobriety test(s) were conducted, mark **Field**. Otherwise leave that entry blank.

If multiple chemical tests were administered and results obtained, record the test results. Multiple bubbles may be marked. Other tests and results may be described in the Crash Diagram and Remarks, Data Element 75.

NOTE: A blood test is required by law for all deceased drivers and persons or deceased railroad engineers involved in a traffic crash. Do not delay submission of a UD-10 report while awaiting the results of this test. As soon as these test results become available, call the Fatality Analysis Reporting System (FARS) at (517) 322-6910 or (517) 322-5030.

*The FARS Unit requests that information on the blood alcohol/drug test results of **all persons** involved in fatal crashes be submitted if available (including surviving drivers, passengers, pedestrians, and bicyclists).*

DRUGS (More than one bubble may be marked for Test Type)

| | | | | | | |
|-----------|--|-------------------------------|--|---|--|--|
| Interlock | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Refused | <input type="radio"/> Not offered | (Submit Results To FARS When Available) | | |
| Alcohol | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |
| Drugs | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |

Indicate whether, in the officer's opinion, drugs had been involved. Next, indicate the type of test, if any, that was administered. If a test was given, enter the test results on the blank line.

34. **ALCOHOL/DRUG EVALUATION &IGNITION INTERLOCK Required if Unit Present or Known.**

IGNITION INTERLOCK

| | | | | | | |
|-----------|--|-------------------------------|--|---|--|--|
| Interlock | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Refused | <input type="radio"/> Not offered | (Submit Results To FARS When Available) | | |
| Alcohol | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |
| Drugs | <input type="radio"/> Yes <input type="radio"/> No | Test Type | <input type="radio"/> Blood <input type="radio"/> Urine | Test Results | | |

Indicate whether an Ignition Interlock device is installed in a vehicle involved in the crash in accordance with **Michigan Motor Vehicle Code, Sec. 257.622a, effective October 1, 1999.** See pictures below for examples of an Ignition Interlock system.

Note: Ignition Interlock device means an alcohol concentration measuring device that prevents a motor vehicle from being started at any time without first determining, through a deep lung sample, the operators breath alcohol level. Michigan Vehicle Code, Sec. 257.625L (6)



35. **INJURY - Required (Select ONLY ONE)**

| |
|-------------------------|
| Injury |
| <input type="radio"/> K |
| <input type="radio"/> A |
| <input type="radio"/> B |
| <input type="radio"/> C |
| <input type="radio"/> O |

INJURY SEVERITY CLASSIFICATION

FATAL INJURY is any injury that results in death due to a motor vehicle traffic crash. Also be sure to mark Fatal under Special Checks, Data Element 17.

35. INJURY - Required (Select ONLY ONE)

A **INCAPACITATING INJURY** is any injury, other than fatal, that prevents the injured person from walking, driving, or normally continuing the activities which he or she was capable of performing prior to the motor vehicle traffic crash.

Includes: Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the crash scene, unable to leave crash scene without assistance.

Excludes: Momentary unconsciousness.

General: Determinations are made at the time the injured person leaves the crash scene. It is not necessary to consult with doctors or hospitals unless information is not otherwise available. Apparent condition immediately after the crash does not govern classification because the person may recover from hysteria quickly or may begin to feel the effects of internal or other injuries between the time of the crash and time of leaving the scene.

- a. Medical treatment at the crash scene or later makes no difference. What the person does at the scene is important.
- b. Hospitalization normally will be required for incapacitating injuries.
- c. Duration of the disability after injury makes no difference. Incapacitation is important.
- d. Developments after leaving the scene make no difference except in case of death.

B **NON-INCAPACITATING EVIDENT INJURY** is any injury that is evident at the scene of the crash, other than fatal and incapacitating injuries.

Includes: Lump on head, abrasion, and minor lacerations.

Excludes: Limping (the injury cannot be seen).

Example: Pedestrian is unconscious on the ground after a crash; his clothes are torn and blood oozes from abrasions. When the ambulance arrives he is conscious, able to give information, and walks around. He goes to the hospital in the ambulance, but is able to sit up in it; there is no evidence that he is incapacitated.

C **POSSIBLE INJURY** is any injury reported or claimed which is not a fatal, incapacitating, or non-incapacitating evident injury.

Includes: Momentary unconsciousness. Claim of injuries not evident. Limping, complaint of pain, nausea, hysteria.

General: Possible injuries are those which are claimed or reported, or indicated by behavior, but not by wounds.

35. INJURY (Cont.) - Required (Select ONLY ONE)

Example: Occupant complains of pain but shows no signs of bleeding or other wound; leaves the scene in a taxi to keep an appointment; he dies; this is possible injury when classified at the time of leaving the scene, but should be changed to K upon notice of death.

Q NO INJURY is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle traffic crash.

Source: National Safety Council Manual on Classification of Motor Vehicle Traffic Accidents

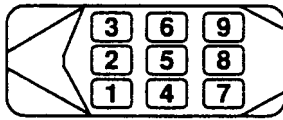
36. POSITION – Required if Unit Present or Known (Mark One Digit Per Box)



List the driver's position in the box marked Position. The driver position is usually "01," which is the left-side front seat.

If this unit is a Bicyclist, Pedestrian or Engineer, enter the corresponding code **B**, **P** or **E** in the right box.

For all vehicles with in-line seating, such as motorcycles and snowmobiles, the driver is also in position "01."



| | | | | | |
|-----------|----------------------------|-----------|---|-----------|---|
| 01 | Driver | 07 | 3 rd Row-Left | 12 | Other Unenclosed passenger area or cargo area |
| 02 | Front-Middle | 08 | 3 rd Row-Middle | 13 | Riding in/on trailing unit |
| 03 | Front-Right | 09 | 3 rd Row-Right | 14 | Riding on vehicle exterior |
| 04 | 2 nd Row-Left | 10 | Sleeper Section | 15 | Unknown |
| 05 | 2 nd Row-Middle | 11 | Other Enclosed Passenger area or cargo area | | |
| 06 | 2 nd Row-Right | | | | |

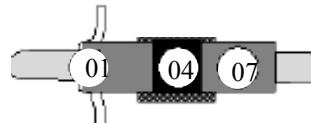
B Bicycle

P Pedestrian

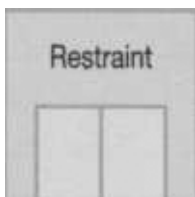
E Engineer (train)

Motorcycles/In-line Seating

| | |
|-----------|--------------------------|
| 01 | Motorcycle Driver |
| 04 | Motorcycle Passenger-One |
| 07 | Motorcycle Passenger-Two |



37. RESTRAINT – Required if Unit Present or Known (Mark One Digit Per Box)

A rectangular form with the word "Restraint" at the top. Below it is a grid of two empty boxes for data entry.

List the **type of restraint** used by the driver, or if appropriate, whether a **helmet** was worn. Airbags are not included in this field.

Refer to Airbag Deployed, Data Element 42 for information on airbags.

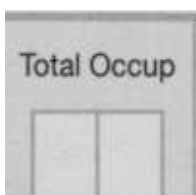
Restraint

- 01 No belts available
- 02 Shoulder belt only used
- 03 Lap belt only
- 04 Shoulder and lap belt used
- 05 No belts used
- 06 Child restraint used
- 07 Child restraint not used,
not available, or improper
- 08 Restraint failure
- 09 Restraint use unknown

Helmet

- 10 Helmet worn
- 11 Helmet not worn
- 12 Helmet use unknown

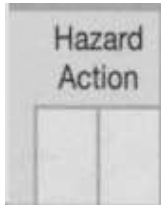
38. TOTAL OCCUPANTS – Required (Mark One Digit Per Box)

A rectangular form with the text "Total Occup" at the top. Below it is a grid of two empty boxes for data entry.

List the total occupants of the vehicle by marking the appropriate bubbles.

If the number of occupants is unknown, enter 99.

39. HAZARDOUS ACTION – Required (Mark One Digit Per Box)

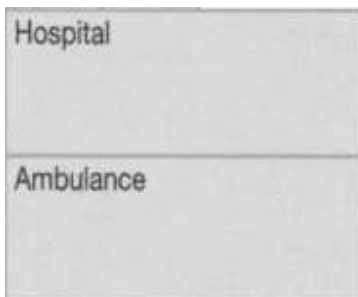
A rectangular box with the text "Hazard Action" at the top. Below the text is a grid of two empty boxes for marking a digit.

Hazardous action coding reflects whether, in the investigating officer's opinion, a person is "at fault" in any way; i.e., did the person's action(s) contribute to the crash? A coded entry shall be made regardless of whether a citation was issued or a physical arrest was made.

Choose the most significant hazardous action that applies. If no hazardous action, use code 00-None.

- | | |
|------------------------------|---|
| 00 None | 09 Improper turn |
| 01 Speed too fast | 10 Improper/no signal |
| 02 Speed too slow | 11 Improper backing |
| 03 Failed to yield | 12 Unable to stop in assured clear distance |
| 04 Disregard traffic control | 13 Other |
| 05 Drove wrong way | 14 Unknown |
| 06 Drove left of center | 15 Reckless driving |
| 07 Improper passing | 16 Careless/negligent driving |
| 08 Improper lane use | |

40. AMBULANCE/HOSPITAL

A rectangular box divided into two horizontal sections. The top section is labeled "Hospital" and the bottom section is labeled "Ambulance". Each section contains a large empty space for writing a code or name.

Enter the ambulance code or name of the ambulance company that was notified.

Enter the hospital code or name of the hospital where the individual was taken for treatment.

See Appendix E & F for a list of ambulance and hospital codes.

41. EJECTED/TRAPPED

| | |
|---------|---------------------------|
| Ejected | <input type="radio"/> Yes |
| Trapped | <input type="radio"/> Yes |

If the driver was ejected or partially ejected from the vehicle, fill in Yes.

If the driver was trapped as a result of the crash and mechanical means were needed to extricate the driver, mark Yes.

It may be appropriate to mark ejected and trapped, e.g., a driver whose body is found hanging outside the driver door but whose feet are pinned in to the point where mechanical means must be used to free them.

42. AIRBAG DEPLOYED - Required if Driver Known (Select ONLY ONE)

| | | |
|-----------------|---------------------------|------------------------------------|
| Airbag Deployed | <input type="radio"/> Yes | <input type="radio"/> Not Equipped |
| | <input type="radio"/> No | |

Mark the appropriate bubble from the choices given. For vehicles with airbags installed, list Yes or No based on the visual observation at the scene. For older model vehicles without airbags installed fill in the Not Equipped bubble.

43. CITATION ISSUED

| |
|---------------------------------|
| Citation Issued |
| Hazardous <input type="radio"/> |
| Other <input type="radio"/> |

If a citation was issued, indicate whether the offense was Hazardous, Other or both. In the space provided you may record the offense code(s).

See Appendix for a listing of citation codes.

44. VEHICLE REGISTRATION – Required if Driver Known (Mark One Digit Per Box)

| | |
|----------------------|----------------------|
| Vehicle Registration | State |
| <input type="text"/> | <input type="text"/> |

Enter the vehicle registration number and the two-letter abbreviation for the State where the vehicle is registered. **Make sure to print the registration number clearly. See Figure 11.**

United States - State abbreviation, (i.e., MI) - see State Abbreviations

Canada - Province abbreviation, (i.e., QE) – see Canadian Territories

U. S. Government or International, enter XX

For vehicles with trailers enter only the registration of the vehicle towing the trailer. **Do not** enter the registration for the trailer in this space. Trailer registration data may be entered in the Crash Diagram and Remarks, Data Element 75. If the registration is improper, write “Improper” in the space and explain in the Crash Diagram and Remarks, Data Element 75.

**45. Vehicle Identification Number (VIN) – Required if Driver Known
(Mark One Digit Per Box)**

| | | | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| VIN | | | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Enter the VIN from the vehicle identification plate on the drivers side dashboard, driver's door or adjacent doorpost. Do not rely on the registration certificate for this information.

46. INSURANCE

| |
|-----------|
| Insurance |
|-----------|

Enter the insurance company name and policy number.

47. TOWED TO/BY

| |
|-------------|
| Towed To/By |
|-------------|

If the vehicle is towed, include the name of the wrecker service. If driven away or removed by owner or driver, enter this information (such as, Driven/Driver, Towed/Owner, etc.).

48. VEHICLE DESCRIPTION

| Vehicle Description | Make | Model | Color | Year |
|------------------------|------|-------|-------|------|
| | | | | |

Describe the vehicle's year, make and color (i.e., 1998, Pontiac, silver).

49. LOCATION OF GREATEST DAMAGE – Required if Driver Known
(Select **ONLY ONE**)

Location of Greatest Damage

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Mark the bubble that identifies the **location of the most severe damage** to the vehicle. If more than one area sustains equal damage, choose number 10 - Multiple.

- | | |
|-----------------|------------------|
| 0 Rollover | 7 Side, Left |
| 1 Front, Center | 8 Front, Left |
| 2 Front, Right | 9 Undercarriage |
| Side, Right | 10 Multiple |
| 4 Rear, Right | 11 Other/Unknown |
| 5 Rear, Center | 12 None |
| 6 Rear, Left | |

Example: Vehicle 2 is rear-ended by Vehicle 1, pushing 2 into the back of Vehicle 3. If the damage to the front and rear of Vehicle 2 is equal or near equal, mark 10 for multiple damage.

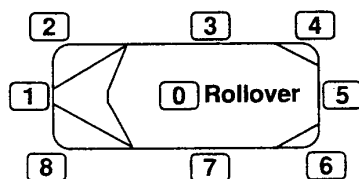
Example: A car leaves a roadway, enters a ditch, and strikes the far slope and overturns. The right front corner has minor damage from contacting the far slope, but the entire roof is crushed in the rollover. Mark 0 to record the roof damage as the area of greatest damage.

50. FIRST IMPACT - Required if Driver Known (Mark One Digit Per Box)

First Impact

| | |
|--|--|
| | |
|--|--|

Indicate the **location of the first** point of impact, using the same coding choices used in the Location of Greatest Damage.



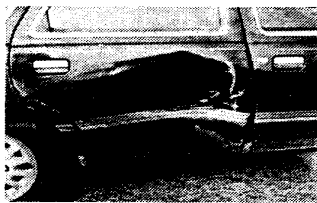
- | | |
|------------------|------------------|
| 00 Rollover | 07 Side, Left |
| 01 Front, Center | 08 Front, Left |
| 02 Front, Right | 09 Undercarriage |
| 03 Side, Right | 10 Multiple |
| 04 Rear, Right | 11 Other/Unknown |
| 05 Rear, Center | 12 None |
| 06 Rear, Left | |

51. EXTENT OF VEHICLE DAMAGE - Required if Driver Known (Mark One Digit)

Extent of Damage

| |
|----------------------|
| <input type="text"/> |
|----------------------|

The purpose of this section is to describe the degree of damage to a vehicle in a crash. Mark the number that indicates the severity on a scale from 0 to 7, with 0 used to indicate no damage and 7 used to indicate a vehicle that is damaged to the point where it clearly cannot be repaired.

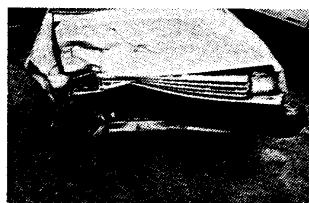


SLIGHT

0

1

2



MODERATE

3

4



HEAVY

6

7

The State of Michigan does not require an estimate of the monetary value of damage. If an estimate is given, that information may be entered in the Crash Diagram and Remarks, Data Element 75.

The extent of vehicle damage coding can be subjective. Attempt to indicate how much functional damage the vehicle sustained in this crash. Disregard any vehicle damage sustained from a previous crash.

52. DRIVEABLE – Required if Driver Known (Select ONLY ONE)

Driveable

☐ Yes ☐ No

Mark Yes or No as to whether the vehicle is capable of being driven from the scene. If the vehicle is towed due to an incapacitated driver or other disabling mechanical problem **not** caused by the crash, mark Yes.

Though damaged, if a vehicle could be driven from the scene without the need for special tools or parts, it would still be considered driveable. If simply changing a flat tire or prying a piece of damaged fender away from a tire so it can rotate would enable the vehicle to be driven away, then the vehicle shall be considered driveable.

Example: A driver is involved in a minor property damage crash. No damage prevents the car from being driven, but the driver states he is too shook up to drive. The vehicle is towed. Mark Yes in this instance.

53. VEHICLE TYPE – - Required if Driver Known (Select ONLY ONE)

Vehicle Type

| | | |
|--------------------------|--------------------------|---------------------------------|
| <input type="radio"/> PA | <input type="radio"/> CY | <input type="radio"/> OR |
| <input type="radio"/> VA | <input type="radio"/> MO | <input type="radio"/> Other |
| <input type="radio"/> PU | <input type="radio"/> GC | <input type="radio"/> Truck/Bus |
| <input type="radio"/> ST | <input type="radio"/> SM | (Complete Truck/Bus Section) |

Use the following Department of State two letter code to identify the type of vehicle being reported.

NON-COMMERCIAL VEHICLE TYPES

| | |
|-----------|--|
| PA | Passenger car and station wagon |
| VA | Van, motor home |
| PU | Pickup truck |
| ST | Small truck (under 10,000 lbs.) |
| CY | Cycle |
| MO | Moped |
| GC | Go-cart |
| SM | Snowmobile |
| OR | Off road vehicle (ATV type) |
| Other | Non-registered farm equipment, combine, front end loader |
| Truck/Bus | Complete the Truck/Bus Section |

If it is determined the vehicle is a truck or bus, mark Truck/Bus and complete the Truck/Bus section on the reverse side of the UD-10.

NOTE: For a vehicle not listed in this section, such as a snow plow, farm tractor or a road grader, list the vehicle as Other.

If this is a commercial vehicle, the Truck/Bus bubble must be marked. If not, the CDL information on the reverse side of the UD-10 will not be picked up for the vehicle.

54. VEHICLE DIRECTION - Required (More Than One May Be Selected)

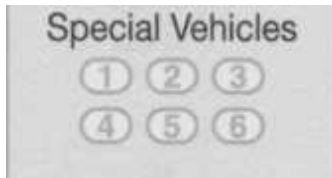
Vehicle Direction

| |
|-----------------------------|
| <input type="radio"/> North |
| <input type="radio"/> South |
| <input type="radio"/> East |
| <input type="radio"/> West |

Complete the bubble(s) that identifies the direction the unit was traveling **prior to** the crash, loss of control or turning movement. (i.e., N for north, N and E for northeast).

Example: Unit 1 is traveling northbound and turns left in front of, and is struck by, Unit 2 which is traveling southbound. This should be coded as a Head On-Left Turn crash showing the direction of Unit 1 as North and the direction of Unit 2 as South.

55. SPECIAL VEHICLES- (Select ONLY ONE)



Special Vehicles

① ② ③

④ ⑤ ⑥

Indicate whether the vehicle involved in the crash was one of the special vehicle types listed below. If this vehicle is not one of these types, leave blank.

- | | |
|--------------------------------------|------------------------------------|
| 1. Police vehicle | 4. Ambulance |
| 2. Fire vehicle | 5. Farm equipment (non-registered) |
| 3. Bus (commercial, private, school) | 6. Construction equipment |

Police Vehicle: Mark **1 – Police Vehicle** if the vehicle is owned by a governmental law enforcement agency. Mark **1 – Police Vehicle** in all cases whether the vehicle is being used routinely (e.g., patrol), in pursuit of a fleeing vehicle, or responding to an emergency call.

Fire Vehicle: Mark **2 – Fire Vehicle** only when the vehicle is owned by a fire department (including volunteer fire department).

Example: A volunteer fire fighter was involved in a crash while responding to a fire call. He/she was using his/her personal vehicle, including emergency lights and siren. Leave the Special Vehicle section blank. The vehicle is not considered a fire vehicle since it is not a fire department-owned vehicle.

Example: A city- or township-owned fire truck was involved in a traffic crash. Mark 2 - Fire Vehicle.

Bus: Mark **3 - Bus** if the vehicle is a commercial, private, or church bus. See Appendix D for definitions of bus and school bus.

Example: An old commercial bus converted to a motor home was involved in a traffic crash. Leave 3 blank in this instance because the vehicle no longer meets the definition of a bus, it is a motor home.

Ambulance: Mark **4 - Ambulance** whenever the vehicle is a privately or publicly owned ambulance.

Farm Equipment: Mark **5 – Farm Equipment** if the vehicle is an implement of husbandry that cannot be registered with the Michigan Department of State, (i.e., farm tractors and combines). Farm owned pickup trucks and truck-tractor/semi-trailer combination vehicles can be registered, therefore, are not farm equipment.

Construction Equipment: Mark **6 – Construction Equipment** when the vehicle involved in the crash is a type of construction equipment or road maintenance equipment that would fit the definition of Special Mobile Equipment as defined by Section 257.62 of the Motor Vehicle Code.

56. PRIVATE TRAILER TYPE (Select ONLY ONE)

A rectangular box with the text "Private Trailer Type" at the top. Below the text are seven numbered circles: 1, 2, 3, 4, 5, 6, and 7.

Only personal utility trailers would be listed in this section. It is the design of the trailer rather than its use that is being sought here. For example, if a commercial truck-tractor with a flatbed semi-trailer is being used in farm operations, it will not be listed in this section. It will be listed in the Truck/Bus section. If the trailer is designed specifically for farm use, such as a hay wagon, then it will be listed in this section. If two trailers listed below make up a recreational double, list only the recreational double.

- | | |
|-------------------|------------------------|
| 1. Utility | 5. Towed Auto |
| 2. Travel Trailer | 6. Recreational Double |
| 3. Boat Trailer | 7. Other |
| 4. Farm Equipment | |

Example: A pickup truck involved in a crash was pulling a fifth-wheel travel trailer and a boat trailer. This combination would be a recreational double, thus **6-Recreational Double** shall be used.

Example: A car towing another car is involved in a crash. The towed car is struck from the rear. Mark **5 - Towed Auto**.

Example: A pickup truck pulling a farm-type flatbed trailer is involved in a crash. Mark **4 - Farm equipment** in this instance. If the farmer loaned the trailer for use in a parade, it would still be a 4 because the **design of the trailer is the key factor, not the use** at the time of the crash.

57. VEHICLE DEFECT (Select ONLY ONE)

A rectangular box with the text "Vehicle Defect" at the top. Below the text are six numbered circles: 1, 2, 3, 4, 5, and 6.

If the investigating officer finds a vehicle defect that may have contributed to the crash, mark the appropriate choice to note the most significant defect. Other defects may be noted in the Crash Diagram and Remarks, Data Element 75. If no defect is detected then leave blank.

Note: Select only one of the following:

1. Brakes
2. Lights/reflectors
3. Steering
4. Tires/wheels
5. Windows
6. Other

58. VEHICLE USE – - Required if Driver Known (Select ONLY ONE)

| | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|
| Vehicle Use | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ | ⑪ |
|-------------|---|---|---|---|---|---|---|---|---|---|---|

Select the option that best identifies the Vehicle Use (operation) at the time of the crash.

1. Private
2. Commercial (business)
3. In Pursuit/On Emergency (police, fire, including volunteer firemen in personal vehicle, ambulance during an emergency run)
4. Farm
5. School/Education
6. Club/Church (any vehicle displaying a Y registration plate being used for that function)
7. Military
8. Other Government (government owned, federal, state or local, police and fire vehicles when not in pursuit/on emergency)
9. Utility (gas, electric, cable television company, etc.)
10. Road Construction/Road Maintenance
11. Other

Example: A driver is using a personal vehicle to deliver items (e.g., pizza, mail, newspapers, etc.) and is involved in a crash. Mark **2-Commercial (Business)** because the driver was engaged in a commercial/business function at the time.

Example: A patrol car involved in a crash while pursuing another vehicle would be a **3-In/ Pursuit/On Emergency**. A crash while in a non-pursuit or non-emergency response mode would be an **8-Other Government Use**.

Note: This crash will appear on the UNEDITED version (LEIN 47:42 inquiry) of the police officer's driving record. The EDITED version (LEIN 47:36 inquiry) is sent to the insurance companies. Michigan law prohibits the release of such information to non-government agencies. This law applies only to vehicles OWNED by a government agency. So, for example, a volunteer firefighter driving their own vehicle does not qualify for this provision.

Example: A commercial truck is involved in a crash, mark **2-Commercial (Business)**. If it is learned that the truck was borrowed or rented for purposes of moving personal goods, the correct use code would be **1-Private**.

Example: A volunteer fireman driving his personal vehicle (with lights and siren on) to a fire will be listed as **3-In Pursuit/On Emergency**. This vehicle would not be listed as 8-Other Government Use.

59. PASSENGER

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|----------------|--------------|--|--|--|-----|---|--|--|--|
| First Name | | | | | | | | | | | | | | | | Date of Birth | MM/DD/YYYY | | | | Sex | <input type="radio"/> M <input type="radio"/> F | | | |
| Middle | | | | | | | | | | | | | | | | Street Address | | | | | | | | | |
| Last | | | | | | | | | | | | | | | | City | | | | | | | | | |
| | | | | | | | | | | | | | | | State | Zip | Phone Number | | | | | | | | |

There are blocks for two injured or uninjured passengers per vehicle. If more passenger blocks are needed for injured passengers, they must be placed in a passenger section on a second UD-10 form. If there are additional uninjured passengers, see Uninjured Passenger, Data Element 66.

Note: If a single unit crash involves more than two (2) injured or uninjured passengers, list the additional passengers on the back side of the form. Remember to mark the Unit Number as 1.

Name

Enter first name, middle name or initial and last name.

Address

Enter the complete address, city, state, and zip code of the passenger. If the zip code is the extended nine-digit code, enter all nine digits.

Phone Number

Enter the phone number, including area code, where the passenger is most likely to be contacted.

Date of Birth

Enter the passengers date of birth: MM/DD/CCYY. There must be a total of eight digits.

Sex

Mark passengers sex, M or F.

60. INJURY (See Data Element 35)

| | | | | | |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Injury | <input type="radio"/> K | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> O |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

61. AIRBAG DEPLOYED (See Data Element 42)

| | | | |
|-----------------|---------------------------|--------------------------|------------------------------------|
| Airbag Deployed | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Equipped |
|-----------------|---------------------------|--------------------------|------------------------------------|

62. POSITION (See Data Element 36)

| Position | |
|----------|--|
| | |

63. RESTRAINT (See Data Element 37)

| Restraint | |
|-----------|--|
| | |

64. AMBULANCE/HOSPITAL (See Data Element 40)

| |
|-----------|
| Hospital |
| Ambulance |

65. EJECTED/TRAPPED (See Data Element 41)

| Ejected | Trapped |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| Yes | Yes |

66. OWNER/WITNESS/UNINJURED PASSENGER

| | | | | |
|---|--------------|-----|------|-------|
| <input type="radio"/> Owner | Name | | | |
| <input type="radio"/> Uninjured Passenger | Phone Number | Age | Pos. | Rest. |
| <input type="radio"/> Witness | | | | |
| <input type="radio"/> Owner | Name | | | |
| <input type="radio"/> Uninjured Passenger | Phone Number | Age | Pos. | Rest. |
| <input type="radio"/> Witness | | | | |

The owner, witness or uninjured passenger information may be placed in this area. **Do not use this area for recording information on injured passengers.**

Indicate whether the information being entered is for an owner, witness of the crash or an uninjured passenger. Complete the name, address and phone number information for this person.

If this individual is an uninjured passenger, complete the Age, Position, (see Data Element 36) and Restraint (see Data Element 37).

67. PERSON ADVISED OF DAMAGED TRAFFIC CONTROL

| | |
|---|------|
| Person Advised of Damaged Traffic Control | Date |
| | Time |
| | Name |

When there is damage to traffic control devices, telephone the proper road authority and report the damage. Any perceived engineering problems should also be reported to the proper road authority. Obtain the name of the person contacted and enter the date and time that person was notified and their name.

68. DAMAGED PROPERTY

| |
|------------------|
| Damaged Property |
|------------------|

When property is damaged, other than vehicles, identify the object including domestic animals, deer, and traffic control devices, etc.

69. PUBLIC PROPERTY DAMAGE - Required (Select ONLY ONE)

| | | |
|--------|-----------------------|---|
| Public | <input type="radio"/> | Y |
| | <input type="radio"/> | N |

Mark Yes (Y) if the damaged property was publicly owned. Examples of publicly owned property:

- Impact Attenuator
- Bridge/Pier/Abutment
- Bridge Parapet End
- Bridge Rail
- Guardrail Face
- Guardrail End
- Median Barrier
- Highway Traffic Sign Post
- Luminaire/Light Support
- Utility Pole
- Culvert
- Fence
- Highway/Rail Signal

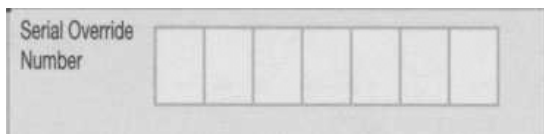
This section does not apply to deer and domestic animals.

70. OWNER AND PHONE NUMBER OF DAMAGED PROPERTY

| |
|---------------|
| Owner & Phone |
|---------------|

Enter the full name and complete phone number of the owner of the damaged property.

71. SERIAL OVERRIDE NUMBER



Serial Override
Number

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Each form is designed to record information pertaining to two units. Each form provides space for two injured passengers or up to four uninjured passengers per unit. If there are more than two units involved in the crash, additional forms shall be used.

The use of an additional form makes it necessary to override the preprinted serial number of the additional form(s) being used. Enter the preprinted serial number of the first form in the Serial Override Number box of all additional forms submitted for a particular crash. This will override the preprinted serial number in the lower right corner of each form.

***Do NOT WHITEOUT, CROSS OUT or make any MARKS
on the preprinted UD-10 serial number.***

Example: A five (5) vehicle crash is being reported:

Units 1 and 2 are reported on Form 1811700. This will become “Page 1 of 3” in the upper right corner of the front page of the report.

Units 3 and 4 are reported on Form 1811701; however, on that form enter 1811700 in the Serial Override Number box. This form is now marked “Page 2 of 3” on the front page of the report.

Unit 5 will be reported on form 1811702; and 1811700 is also entered in the Serial Override Number box of this form. This form becomes “Page 3 of 3.”

All three forms are now considered UD-10 Traffic Crash Form 1811700.

Example: Two commercial vehicles collide. Since each form provides space to record only one commercial vehicle driver and one commercial vehicle, two UD-10 forms for this crash will need to be used. The preprinted serial number of the first form will be entered in the Serial Override Number block of the second form (and all subsequent forms used to report this crash).

In the upper right hand corner of the UD-10, enter “Page 1 of 2” on the first form, and “Page 2 of 2” on the other form.

72. ACTION PRIOR - Required (Mark One Digit Per Box)

| | |
|-----------------|--|
| Action Prior | |
| | |

Choose the **ONE** option that best describes the action of this unit just prior to the first harmful event.

Driver Action (01 through 37)

- | | | | |
|----|--|----|-------------------------------|
| 01 | Going straight ahead | 14 | Entering roadway |
| 02 | Turning left | 15 | Leaving roadway |
| 03 | Turning right | 16 | Making U-turn |
| 04 | Stopped on roadway | 17 | Overtaking or passing |
| 05 | Involved in prior crash at same location | 18 | Avoiding object |
| 06 | Changing lanes | 19 | Avoiding pedestrian |
| 07 | Backing | 20 | Avoiding vehicle (front/back) |
| 08 | Slowing/stopping on roadway | 21 | Avoiding vehicle (angle) |
| 09 | Slowing/stopping other area | 22 | Driverless moving |
| 10 | Starting up on roadway | 23 | Parked |
| 11 | Starting up other area | 35 | Other |
| 12 | Entering parking | 36 | Unknown |
| 13 | Leaving parking | 37 | Avoiding animal |

Pedestrian Action (24 through 36)

- | | | | |
|----|------------------------------|----|--------------------------|
| 24 | Crossing at intersection | 31 | Other working in roadway |
| 25 | Crossing not at intersection | 32 | Playing in roadway |
| 26 | Getting on/off vehicle | 33 | In roadway other reason |
| 27 | In roadway with traffic | 34 | Not in roadway |
| 28 | In roadway against traffic | 35 | Other |
| 29 | Standing/lying in roadway | 36 | Unknown |
| 30 | Pushing/working on vehicle | | |

Example: In the sample UD-10 Traffic Crash Report (Appendix B): Unit 1 was engaged in making a left turn just prior to impact occurring, thus option **02-Turning Left** is marked. Unit 2 was being driven straight ahead at impact, therefore, option **01-Going Straight Ahead** is marked.

73. SEQUENCE OF EVENTS – Required – (Can Select Up To Four Events - Mark One Digit Per Box)

| Sequence of Events | | | |
|--------------------|--------|-------|--------|
| First | Second | Third | Fourth |
| | | | |

Action Prior records what occurred immediately prior to the crash.

Sequence of Events records step-by-step what happened during the crash. Up to four Sequence of Events may be recorded. The codes in Action Prior and Sequence of Events should reveal, from left to right the events immediately prior to and during the crash. Complete a separate Action Prior and Sequence of Events box for each unit (Motor Vehicle, Bicyclist, Pedestrian, and Engineer).

Begin by completing the Action Prior box. What was the driver doing immediately before impact? Action Prior sets the stage for the initial impact. Next, record the initial impact action (a non-collision event may also be selected, if applicable) in the First Event box. Use the Second Event box to record what happened next, up to four events. If more than four occurred, only record those that were most significant in the officer's opinion.

Events listing:

Non-Collision (01 through 14)

- | | |
|----------------------------|---------------------------------|
| 01 Loss of control | 08 Fire/explosion |
| 02 Cross centerline/median | 09 Immersion |
| 03 Ran off road-left | 10 Jackknife |
| 04 Ran off road-right | 11 Downhill runaway |
| 05 Re-enter roadway | 12 Cargo loss/shift |
| 06 Overturn | 13 Individual fell from vehicle |
| 07 Separation of units | 14 Other non-collision |

Collision With Non-Fixed Objects (15 through 21)

- | | |
|--------------------------------|----------------------------|
| 15 Pedestrian | 19 Railroad train/engineer |
| 16 Pedalcycle | 20 Animal |
| 17 Motor vehicle in transport* | 21 Other non-fixed object |
| 18 Parked motor vehicle** | |

73. SEQUENCE OF EVENTS (Con't) – Required (Can Select Up To Four Events - Mark One Digit Per Box)

Collision With Fixed Objects (22 through 45)

- | | |
|------------------------------|--------------------------------------|
| 22 Bridge/pier/abutment | 34 Curb |
| 23 Bridge parapet end | 35 Ditch |
| 24 Bridge rail | 36 Embankment |
| 25 Guardrail face | 37 Fence |
| 26 Guardrail end | 38 Mailbox |
| 27 Median barrier | 39 Tree |
| 28 Highway traffic sign post | 40 Rail crossing signal |
| 29 Highway signal post | 41 Building |
| 30 Luminary/light support | 42 Traffic island |
| 31 Utility pole | 43 Fire hydrant |
| 32 Other pole | 44 Impact attenuator (crash cushion) |
| 33 Culvert | 45 Other fixed object |

*In transport means a motor vehicle in motion, or on a roadway illegally parked.

**Motor vehicle parked legally.

74. MOST HARMFUL - Required (Select ONLY ONE)

| | | | | |
|-----------------|-----|-----|-----|-----|
| Most Harmful | (M) | (M) | (M) | (M) |
|-----------------|-----|-----|-----|-----|

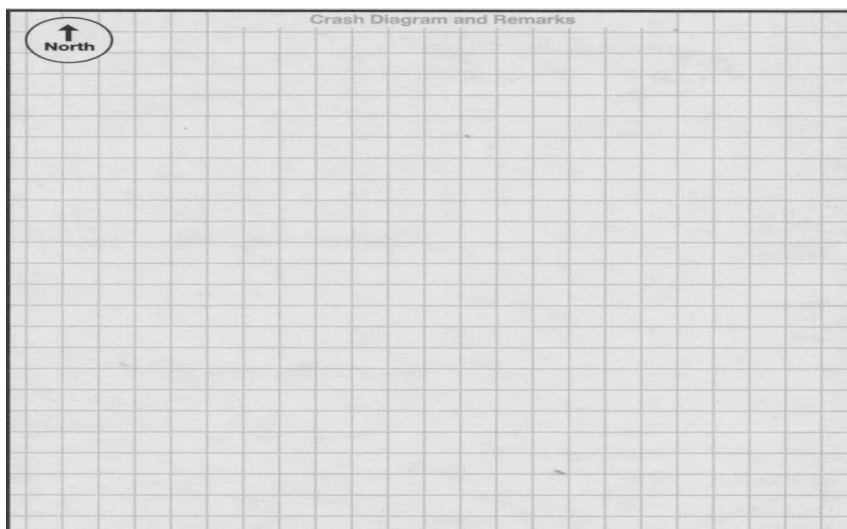
Most Harmful records which event, in the officer's opinion, was most harmful to a human being. Mark the M bubble under this event. Mark only one. If no injury, mark the event that caused the most property damage.

Example: A driver tried to avoid an object in the road, Action Prior would be **18-Avoiding Object**.

The car hit the curb, rolled over and then caught fire. The Sequence of Events would be completed as follows: First – **34-Curb**, Second – **06-Overtake**, and Third – **08-Fire/explosion**.

The third event was the most harmful to a human being so the M bubble would be filled in under this event.

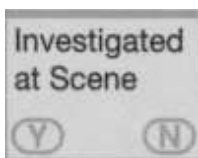
75. CRASH DIAGRAM AND REMARKS (REQUIRED for FATAL & INJURY CRASHES)

A large grid for drawing a crash diagram. In the top left corner, there is a circular icon with an upward-pointing arrow and the word "North" below it. The grid is composed of small squares. The title "Crash Diagram and Remarks" is printed at the top center of the grid area.

Use this section to diagram the event and add any necessary remarks to explain what occurred. The Fatality Analysis Reporting System (FARS) requires this information. See sample diagram in Appendix B.

If templates are needed for drawing, please contact (517) 322-1150.

76. INVESTIGATED AT SCENE - Required (Select ONLY ONE)

A rectangular box containing the text "Investigated at Scene" at the top. Below the text are two circular radio buttons. The first button contains the letter "Y" and the second button contains the letter "N".

Mark whether or not the crash was investigated at the scene.

77. REPORTED DATE/TIME

A rectangular box with a light gray background. Inside the box, the text "Reported Date/Time" is written in a dark gray font.

Enter the date (month, day, and year) and military time that this crash was reported to the law enforcement agency. This is NOT necessarily the date and time of the crash.

78. PHOTOS BY

Photos By

Enter the photographer's initials, name, badge number or other identifying data.

79. INVESTIGATOR NAME(S) AND BADGE NUMBER(S) - Required

Investigator Name(s) &
Badge # (Print Only)

Please PRINT the name(s) and badge number(s) of the investigating officer(s).

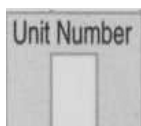
TRUCK/BUS INFORMATION

FOR ADDITIONAL INFORMATION IN FILLING OUT THE TRUCK PORTION, ASSISTANCE MAY BE AVAILABLE BY CONTACTING THE MSP, MOTOR CARRIER DIVISION, AT (517) 336-6195

Definition of Truck/Bus

1. A truck or truck/trailer having a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds for the power unit or any other vehicle displaying a hazardous materials placard.
2. Any vehicle that displays a hazardous material placard, including automobiles and vans.
3. Any bus or school bus designed or used to transport 8 or more passengers including the driver. (Note: this includes limousines or courtesy vans)

80. TRUCK UNIT NUMBER - Required if Truck/Bus Involved (Mark One Digit)

A form with the label "Unit Number" above a single vertical box for marking a digit.

Mark the unit number that corresponds to the truck or bus assigned in the Unit Number, Data Element 30.

A truck or bus may be reported in any unit area on the UD-10. If the crash involves more than one truck or bus, they must have different unit numbers. However, **only one truck or bus may be reported per UD-10 form.**

81. CARRIER NAME - Required if Truck/Bus Involved (Mark One Digit or Letter Per Box)

A form with the label "Carrier Name" above a horizontal row of 15 boxes for marking a letter or digit.

List one of the following in the Carrier Name:

1. The carrier is the person, agency, or corporation that controls the movement of the vehicle for transport of the load. The carrier's name shall be obtained from one of the following in this order of preference:

Note: The carrier name can be different than the actual owner of the truck.

- a. Shipping papers and bills of lading (Figure 5),
- b. Side of the power unit (permanently or temporarily displayed) (Figure 6),
- c. Drivers daily log (Figure 7),
- d. From the driver

81. CARRIER NAME (Cont.) – Required if Truck/Bus Involved

2. For government owned and operated vehicles, either federal, state or local agencies, list the government entity as displayed on the vehicle, i.e., Grand Ledge Public Schools, Road Commission for Oakland County, U.S. Army, etc. If an address is given on the vehicle or the registration, list it in the address section.
3. For privately owned non-commercial vehicles, such as a six-wheel pickup or small truck, list the owner as it is displayed on the vehicle registration.

Note: It is very important that the carrier name be listed exactly as it appears on the documents used to identify that carrier. Do not abbreviate the name in any way except for the abbreviations that appear on the documents.

82. CARRIER ADDRESS Required if Truck/Bus Involved (Mark One Digit or Letter Per Box)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | State | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

Enter the address of the carrier, company, agency or individual listed in Carrier Name section. Be sure to enter the zip code. List all nine-digit extended zip codes when they are available.

83. CARRIER SOURCE – Required if Truck/Bus Involved (Select Only One)

| | |
|-----------------------|----------|
| Carrier Source | |
| <input type="radio"/> | Papers |
| <input type="radio"/> | Vehicle |
| <input type="radio"/> | Log Book |
| <input type="radio"/> | Driver |

Mark the source used to obtain the carrier name. The four sources are discussed in Carrier Name, Data Element 81.

84. GROSS VEHICLE WEIGHT RATING (GVWR) - Required if Truck/Bus Involved (Mark One Digit Per Box)

| GVWR | | | | | |
|------|--|--|--|--|--|
| | | | | | |

Enter the GVWR for the vehicle. This information can be taken from the manufacturer's identification plate or sticker that is normally located in the drivers door area or within the cab.

If the GVWR plate or sticker cannot be found on the power unit, enter the weight listed on the registration. If no weight appears on the registration, leave this box blank.

85. ICCMC/USDOT/MPSC Required if Truck/Bus Involved (Mark One Digit Per Box)

| ICCMC | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| USDOT | | | | | | | | | |
| | | | | | | | | | |
| MPSC | | | | | | | | | |
| | | | | | | | | | |

There are three types of carrier numbers that may be found on trucks and buses. Carrier licensing numbers are found on the power unit.

1. State Commerce Commission Motor Carrier (ICCMC) **See Figure 8.**
2. United States Department of Transportation (USDOT) **See Figure 10.**
3. Michigan Public Service Commission (MPSC) **See Figure 9.**

These carrier numbers shall be listed on the report if available. See examples.

Note: Private intrastate carriers (operating in Michigan only) are not required to display a carrier number, but they must display the company name and city location on the vehicle. See Figure 6.

86. DRIVER'S CDL TYPE – Required (May Select More than One)

For commercial drivers, mark all code letters as displayed in the "C.D.L. Type" box on the driver license.

Group "A" "B" "C" with Endorsements "H" "N" "P" "T" "X"

Available Type/Endorsement combinations are:

| | |
|--|-----|
| Group A vehicle | A |
| Group A vehicle, Hazardous | AH |
| Group A vehicle, Tank | AN |
| Group A vehicle, Passenger | AP |
| Group A vehicle, Double/Triple | AT |
| Group A vehicle, Tank & Hazardous | AX |
| Group A vehicle, Tank & Double/Triple | ANT |
| Group A vehicle, Hazardous, Double/Triple | AHT |
| Group A vehicle, Hazardous Tank, Double/Triple | ATX |
| Group A vehicle, School Bus | APS |
| Group B vehicle | B |
| Group B vehicle, Hazardous | BH |
| Group B vehicle, Tank | BN |
| Group B vehicle, Passenger | BP |
| Group B vehicle, Tank & Hazardous | BX |
| Group B vehicle, School Bus | BPS |
| Group C vehicle, Hazardous | CH |
| Group C vehicle, Passenger | CP |
| Group C vehicle, Tank & Hazardous | CX |
| Group C vehicle, School Bus | CPS |

Note: For further information regarding CDL requirements for commercial vehicle operation, see Vehicle Type, Data Element 90.

87. INTERSTATE/INTRASTATE – Required if Truck/Bus Involved (Select ONLY ONE)



☐ Interstate
☐ Intra (MI Only)

If the power unit shows an Interstate Commerce Commission Motor Carrier (ICCMC) or United States Department of Transportation (USDOT) number, mark Interstate.

For all privately owned (non-commercial), state and local government owned vehicles, mark Intrastate (Michigan only).

88. CDL RESTRICTIONS



CDL Restrictions
☐ 28 ☐ 29 ☐ 30

These restrictions are only for Michigan licensed drivers. A sticker with all restrictions is placed on the back of the driver's license and applicable restrictions are circled in red. Mark all those CDL restrictions in the "C.D.L. Restrictions" box that are circled in red on the back of the driver's license.

- 28 CDL Not Valid for Vehicle with Air Brakes
- 29 CDL P Endorsement Valid in Group B or C Vehicle Only
- 30 CDL P Endorsement Valid in Group C Vehicle Only

89. CDL EXEMPT

CDL Exempt ☐ Farm ☐ Other

If the driver is operating a commercial vehicle that requires a CDL but has no CDL, it **must** be determined if that driver is exempt from the CDL. That determination is made by the investigating officer and is based on the operation being performed. Exemptions are not listed on the driver license.

Exemptions:

1. **Farm**, if the driver is farm exempt.

The **Other** three exemptions to the CDL requirements are:

2. Qualified military drivers in military vehicles.
3. Qualified firefighters operating authorized emergency vehicles.
4. Persons operating a motor home or a vehicle used exclusively to transport personal possessions or family members for non-business purposes. If one of these exemptions applies, mark Other.

Exemptions are listed in Section 257.302 and 257.312e, subsection (4), (5), (6), (7) and (8) of the Michigan Vehicle Code (revised 2003).

90. VEHICLE TYPE - Required if Truck/Bus Involved (Select ONLY ONE)

Vehicle Type ☐ AS ☐ AL ☐ BS ☐ CX
☐ AA ☐ AT ☐ BB ☐ BX ☐ Other
☐ AH ☐ AX ☐ BH ☐ CH
☐ AN ☐ AY ☐ BN ☐ CP
☐ AP ☐ AZ ☐ BP ☐ CS

Group A: Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.

| Vehicle Two-Position Codes | |
|----------------------------|--|
| AA | Group A vehicle |
| AH | Group A vehicle, Hazardous |
| AN | Group A vehicle, Tank |
| AP | Group A vehicle, Passenger |
| AT | Group A vehicle, Double/Triple |
| AX | Group A vehicle, Tank & Hazardous |
| AY | Group A vehicle, Tank & Double/Triple |
| AZ | Group A vehicle, Hazardous, Double/Triple |
| AL | Group A vehicle, Hazardous Tank, Double/Triple |
| AS | Group A vehicle, School Bus |

90. VEHICLE TYPE - Required if Truck/Bus Involved (Select ONLY ONE)

Group B: Any single vehicle (including buses) with a GVWR of 26,001 lbs. and greater, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

| Vehicle Two-Position Codes | |
|----------------------------|-----------------------------------|
| BB | Group B vehicle |
| BH | Group B vehicle, Hazardous |
| BN | Group B vehicle, Tank |
| BP | Group B vehicle, Passenger |
| BX | Group B vehicle, Tank & Hazardous |
| BS | Group B vehicle, School Bus |

Group C: Any single vehicle with a GVWR of less than 26,001 lbs. or a combination of vehicles having a combined GVWR under 26,001 lbs. when the vehicle is required to display placards for hazardous material or designed to carry 16 passengers (including driver). Group C is also any vehicle carrying 15 or fewer people (including driver) transporting children to or from school and home on a regular basis for compensation.

| Vehicle Two-Position Codes | |
|----------------------------|-----------------------------------|
| CH | Group C vehicle, Hazardous |
| CP | Group C vehicle, Passenger |
| CX | Group C vehicle, Tank & Hazardous |
| CS | Group C vehicle, School Bus |

91. TYPE AND AXLES PER UNIT - Required if Truck/Bus Involved (Mark One Digit Per Box)

| Type & Axles Per Unit | First | Second | Third | Fourth |
|-----------------------|-------|--------|-------|--------|
| | | | | |

Enter the total number of axles per unit. Starting with the left box, first enter the power unit and then each trailer or towed unit.

If the truck is a truck tractor (a vehicle designed only to tow other units and has no cargo body), **place a “T” in front of the number** of axles for the power unit.

If the trailer is a semi-trailer (designed so that part of the trailer load is carried on the towing unit), **place an “S” in front of the number** of axles in the appropriate box.

Example: A dump truck pulling a utility trailer with a bulldozer would be listed as **3-S2**. The “S2” designates a two-axle semi-trailer that places part of the trailer weight on the towing unit.

Example: A truck tractor towing a van semi-trailer would be **T3-S2**. The “T3” designates a three-axle truck tractor and the “S2” designates a two-axle semi-trailer.

Example: A truck tractor towing a gravel semi-trailer/trailer combination (doubles) would be listed as **T3-S3-5**. The “S3” designates a three-axle semi-trailer, and the “5” designates a five-axle full trailer which does not place any of the load on the towing unit except for the tongue weight.

92. CARGO BODY TYPE - Required if Truck/Bus Involved (Select ONLY ONE)

| Cargo Body Type | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ |
|-----------------|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Indicate body type of the truck being reported and select one of the following:

- | | |
|-----------------------|---------------------|
| 1. Van (enclosed box) | 5. Concrete mixer |
| 2. Cargo tank | 6. Auto transporter |
| 3. Flatbed/platform | 7. Garbage/refuse |
| 4. Dump | 8. Other/unknown |

Example: A dump truck towing a lowboy trailer with a dozer would be listed as a Dump truck. However, a truck-tractor towing a lowboy semi-trailer with a dozer will be listed as a Flatbed/platform because the truck tractor has no cargo body.

Van (enclosed box) is meant to be used with the normal enclosed cargo box whether it be a semi-trailer or a straight truck body. This category was not meant for use with a bus.

Cargo Tank means a completely enclosed tank type body designed to transport liquid, gaseous and flowable solid material (powder, granular, etc.).

92. CARGO BODY TYPE - Required if Truck/Bus Involved (Select ONLY ONE)

Auto transporter (semi-trailer) is only used for semi-trailer auto transport vehicles. Straight trucks transporting vehicles will be listed under Flatbed/platform, as appropriate.

There are several types of vehicles that best fit in the Other category. These include such vehicles as tow trucks, utility and line trucks, pole trailers and special use vehicles not otherwise listed. Buses, pickups and bobtail truck tractors (without a trailer) will also be listed under Other.

93. MEDICAL CARD - Required if Truck/Bus Involved (Select ONLY ONE)



Drivers of trucks with a gross vehicle weight greater than 10,001 pounds (4,537 kilograms) **actual weight or GVWR**; or interstate commercial buses designed for carrying 16 or more passengers including the driver; or any vehicle requiring placards for hazardous materials must be medically qualified and carry a medical examiners certificate (**See Figure 12**). Some intrastate drivers who have a long continuous service with a company may have qualified for the grandfather medical waiver and will carry a certificate stating so. A very limited number of drivers may carry a medical waiver certificate for a physical disability.

Mark Yes if the driver has a medical card, grandfather card, or medical waiver certificate.

94. HAZARDOUS MATERIAL



Placard

If the vehicle had hazardous material placards displayed, mark Yes. If not, mark No. This does not include Drive Safely or other similarly worded placards.

Spill

If hazardous materials were spilled/released from the vehicle during the crash, mark Yes. Materials that spill but are contained within the vehicle and not released to the outside will not be considered as spilled/released for this report.

Only the cargo is to be considered for this question. This does not include fuel from the vehicle fuel tanks or other hazardous material spilled from a fixed containment that was struck by any of the vehicles during the crash.

94. HAZARDOUS MATERIAL (Cont.)

The presence of any hazardous material should be reported. Any questions about a hazardous material spill, please contact the Michigan State Police, Motor Carrier Division, Hazardous Material Section at (517) 336-6580. Section investigators will assist with mitigating the incident and will check the motor carrier for Haz Mat regulation compliance. A section investigator may be reached at all times by call Michigan State Police Operations at (517) 336-6100.

95. HAZARDOUS MATERIAL PLACARD IDENTIFICATION NUMBER

ID #

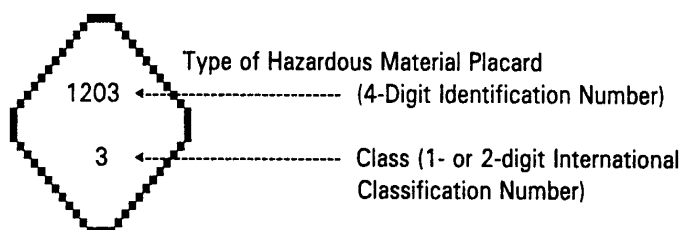
If a Hazardous Material Placard is displayed, mark the four-digit identification number that appears in the center of the diamond-shaped placard or orange panel, whichever is applicable. If more than one placard appears on the panel, list only one.

96. CLASS (International Classification)

Class #

Most Hazardous Material placards will display a single digit International Classification number in the bottom corner. If a number is displayed, mark it in this section.

HAZARDOUS MATERIAL PLACARD



97. LOCAL FILING INFORMATION AREA

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

This space is reserved for use by local departments. There is space for up to four entries along the right border on the front of the form for filing purposes. Data such as date, incident number and driver's name may be listed as determined by the law enforcement agency.

98. LITHO CODING

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do Not Write or Mark In This Area | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT CROSS OUT ANY BUBBLES IN THIS AREA, EVEN WHEN SUBMITTING A CORRECTED COPY, REPLACE OR DELETE.

Each form will come with bubbles pre-marked in the Litho code section. Do not mark any additional bubbles or make any stray marks in this section.


99. DO NOT USE

| |
|------------|
| Do Not Use |
|------------|

This area is used only by the Criminal Justice Information Center.

SAMPLE SHIPPING DOCUMENT

Figure 5



Northwest Food Co., Inc.
SPECIALISTS IN FRESHWATER FISH & SEAFOOD
IMPORTERS + DISTRIBUTORS
12301 CONANT - DETROIT, MICH. 48212 • (313) 368-2500

INVOICE NO.
65483

517-322-9955
POUR HOUSE
6951 LANSING RD.
SOLD TO
CHARLOTTE


SHIP TO
MI 48813

PAGE 1

| INVOICE DATE | | SALESMAN | | TERMS | CUSTOMER NO. | ROUTE |
|--------------|--|---------------|--|-------|--------------|-------|
| 5/10/94 | | BRIAN TIERNEY | | COB | CUST-08246 | LANS |

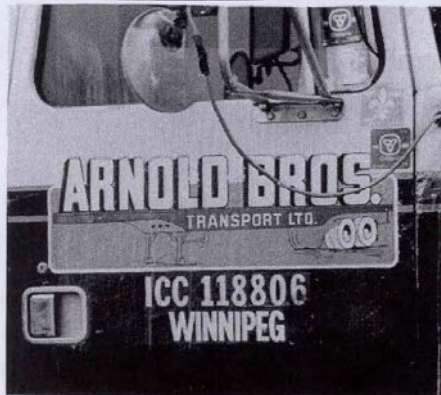
| ORDER NO. | ITEM NO. | PACK | DESCRIPTION | QUANTITY | PRICE | AMOUNT |
|------------------|----------|------|----------------------|----------|-------|---------------|
| 45546 | 000371 | | SCROD SKIN-ON BOSTON | 30.00 | 3.75 | 112.50 |
| | | | | | | |
| TOTAL DUE | | | | | | 112.50 |

SPECIAL INSTRUCTIONS



NO CLAIMS FOR REDUCTIONS ALLOWED UNLESS MADE IMMEDIATELY ON RECEIPT OF GOODS. DO NOT DISPOSE OF DISPUTED STOCK WITHOUT OUR APPROVAL.

ALL INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% (18% ANNUAL) CUSTOMER COPY



Carrier name
Figure 6

| DRIVER'S DAILY LOG | | CONTAINS DRIVER'S RECORD OF TRAVEL FOR 24 HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Name: _____ Date: _____</p> <p>Vehicle: _____</p> <p>Driver's License: _____</p> <p>State of License: _____</p> | | <p>Vehicle: _____</p> <p>Driver's License: _____</p> <p>State of License: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Start Time: _____</p> <p>End Time: _____</p> <p>Total Miles: _____</p> | | <p>Start Time: _____</p> <p>End Time: _____</p> <p>Total Miles: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hourly Log:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th> </tr> <tr> <td>On Duty</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Off Duty</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Sleeping</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | On Duty | | | | | | | | | | | | | | | | | | | | | | | | | Off Duty | | | | | | | | | | | | | | | | | | | | | | | | | Sleeping | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | <p>Hourly Log:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th> </tr> <tr> <td>On Duty</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Off Duty</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Sleeping</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | On Duty | | | | | | | | | | | | | | | | | | | | | | | | | Off Duty | | | | | | | | | | | | | | | | | | | | | | | | | Sleeping | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Off Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Off Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Driver's Daily Log
Figure 7

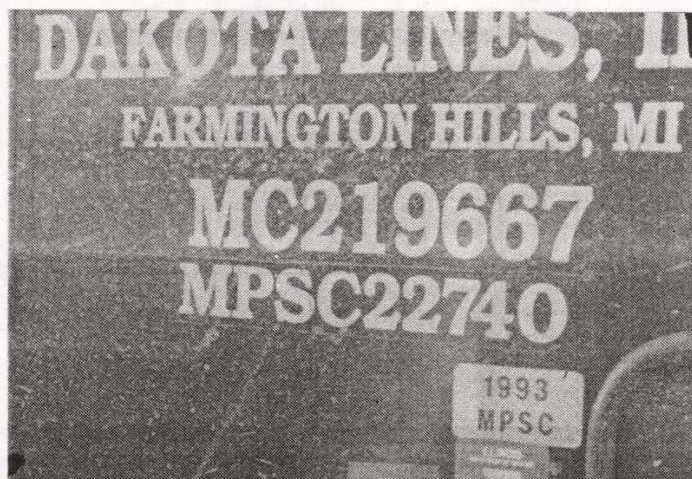


← Figure 8

ICCMC Carrier
Number for
Regulated
Interstate Carrier

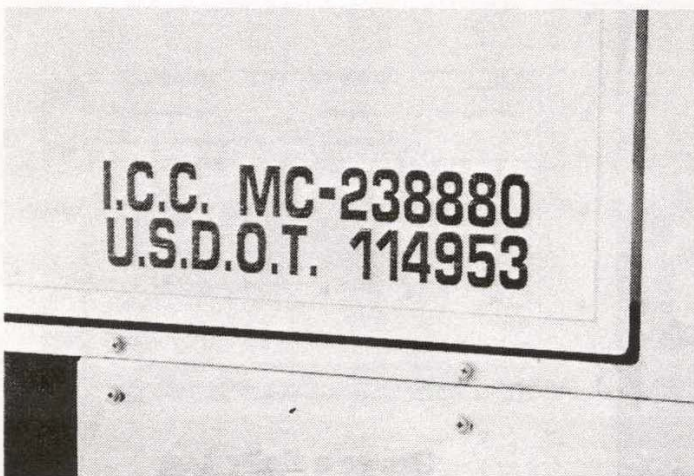
Figure 9 →

MPSC Carrier Number
for Regulated Intrastate
Carrier



← Figure 10

USDOT Carrier
Number for
Private Interstate
Carrier



| | | | |
|--|------|---|-------------------------|
| MICHIGAN REGISTRATION | | RICHARD H. AUSTIN Secretary of State | |
| 999QLQ | | | |
| EXPIRES ON: | | Months | |
| 020395 | | 12 | CORRECTION REGISTRATION |
| Year | Make | Body Style | Code County |
| 86 | GMC | STA WGN | 01 33 |
| Vehicle Number | | Fee Cat. or Wt. | License Fee |
| 1GDDM15ZCGB526977 | | 8 | 0.00 |
| Owner's Driver License Number | | County of Residence | |
| D0000000000000 | | INGHAM | |
| Owner's Complete Name and Address | | | |
| ANNE CARR DRIVER 123 MAIN ST LANSING | | | |
| MI 48933 | | 0.00 | |
| 050294 D5E122097 0005 | | 0.00 | |
| COMPLETE THE INSURANCE AND SIGNATURE REQUIREMENTS ON THE REVERSE SIDE. | | Amount Received | Change |
| TR-1C (4/91) | | | |

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

(Driver's name (Print))

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 through 391.49) and with knowledge of his/her duties, I find him/her qualified under the regulations. Expiration date of certificate:

Qualified only when wearing: ☐ Corrective lenses ☐ Hearing aid

☐ Medically unqualified unless accompanied by a _____ waiver

☐ Medically unqualified unless driving within an exempt intracity zone

A completed examination form for this person is on file in my office.

(Area Code/Phone No.) (License/Certificate No.) (State)

(Medical Examiner: (Print Name and Title)) (Signature)

(Signature of Driver)

(Address of Driver)

Form C0750 Printed by American Trucking Assn.

Registration

Figure 11

Medical Examiner's Certificate

Figure 12

| APPORTIONED REGISTRATION CAB CARD THE VEHICLE DESCRIBED HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF MICHIGAN AND THE JURISDICTIONS SHOWN BELOW. | | | | |
|--|-------------|---------------|----------------------|----------------|
| Owner (Lessor) | | | | |
| AUGUST C FISH | | | | |
| Unit Number | Year | Make | Type | Fuel |
| 1A | 89 | GMC | TK | D |
| Vehicle Identification Number | | | Gross Vehicle Weight | |
| 222222222 | | | 080000 | |
| Unladen Weight | County Code | | | Tab Number |
| 12000 | 33 | | | 8888889 |
| MI Wgt. Fee | Misc. Fee | MI Total Fee | Date Registered | |
| 219.61 | 0.00 | 219.61 | 11/04/92 | |
| Account Number Operator (Lessee) 99999 002 000 | | | | |
| AUGUST C FISH 212 TIME OFF DR LANSING MI 48906 | | | | |

Apportioned Registration CAB Card

Figure 13

LICENSE AND "CDL" TYPES

| | | | | | |
|--|--|-------------------------------|--|---------------------------|--|
| DRIVER LICENSE | | MICHIGAN | | BUCKLE UP | |
| MICHIGAN DRIVER LICENSE NUMBER D 616 044 108 450 | | ISSUED X166000 | | EXPIRES ON BIRTHDAY 97 | |
| NAME ANNE CARR DRIVER | | | | | |
| STREET 9876 SOME PLACE | | | | | |
| CITY LANSING | | | | MICH 48917 | |
| DATE OF BIRTH 01 27 65 | | LIC. TYPE C A NT | | * CDL TYPE * | |
| SEX F | | RESTRICTIONS 5 3 CORR LENS | | | |
|  | | | | | |
| SEE REVERSE SIDE FOR MEDICAL DATA OR ANATOMICAL GIFT <input type="checkbox"/> RICHARD H. AUSTIN Secretary of State | | | | | |

License Types:

O = Operator
C = Chauffeur
PO = Probationary Operator
MO = Moped Operator

CDL Restriction Sticker:

(Placed on back of license with CDL restrictions circled)

CDL RESTRICTION(S) CIRCLED

28 CDL Not Valid for Veh with Air Brakes
 29 CDL P Endorsement Valid in Group B or C Veh Only
 30 CDL P Endorsement Valid in Group C Veh Only
 35 No Single Veh/Power Unit Over 26K GVWR
 36 No GCWR Over 26K if Towed Veh Over 10K GVWR

GROUP VEHICLE DESIGNATORS:

Group "A" Designation:

- A vehicle towing another vehicle or trailer with a G.V.W.R. of OVER 10,000 lbs. regardless of the G.V.W.R. of the towing vehicle.
- Group "A" designation allows you to operate both group "B" and "C" vehicles as well.

Group "B" Designation:

- A single vehicle having a G.V.W.R. over 26,000 lbs.
- A combination of vehicles having a combined G.V.W.R. over 26,000 lbs. when the towed vehicle is LESS than 10,000 lbs.
- Group "B" designation allows you to operate group "C" vehicles as well.

Group "C" Designation:

- Vehicles designed to carry 16 or more passengers, including the driver.
- Small vehicles (including passenger and pickups) when carrying hazardous materials in amounts that would require placarding of the vehicle.

ENDORSEMENTS:

Air Brakes - If the vehicle is equipped with air brakes, you will need to take the skills and knowledge parts of the CDL test that refers to air brakes. There is no actual endorsement added to the license; however, if you DO NOT pass that portion of the test, the license will be printed with "MAY NOT OPERATE A VEHICLE EQUIPPED WITH AIR BRAKES."

"T" - Double and Triple trailers (for Group "A" only). Triple trailers are not permitted in the state of Michigan, but are permitted in certain other jurisdictions.

"N" - To haul liquids or liquified gases in bulk in any tank (permanent OR portable) rated at 1,000 gal. or more. Is needed for both Group "A" and "B."

"H" - To carry any hazardous materials in amounts requiring placarding (includes small trucks, pickup trucks and passenger vehicles). Is needed for ALL Groups.

"X" - Tanker(s) carrying hazardous materials (may take the place of "N" and "H").

"P" - Passenger endorsement. If the vehicle is DESIGNED to carry 16 or more people including the driver. Needed for groups "A," "B," and "C." ("A" is needed when a Bus is pulling a trailer over 10,000 lbs. GVWR)

"F" - Farm endorsement. A person operating a combination of vehicles having a G.V.W.R. of 26,001 lbs. or more on the power unit (truck or road tractor), is required to have the "F" endorsement if the following conditions are met: (1) Controlled by and operated by the farmer or a member of his family or an employee of the farmer; (2) Vehicle(s) is used to transport agricultural products, farm machinery, farm supplies, or a combination of these items, to or from a farm; (3) The vehicle is *not used* in the operation of a common, limited common or contract motor carrier, or (4) The vehicle(s) is operated within 150 air miles of the farm.

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI- _____

Department Name _____

Crash Date
Month _____ Day _____ Year _____

Crash Time
Hour _____ Minute _____

No. of Units _____

Crash Type

- ☐ Single Motor Vehicle
☐ Head On
☐ Head On-Left Turn
☐ Angle
☐ Rear End
☐ Rear End-Left Turn
☐ Rear End-Right Turn
☐ Sideswipe-Same
☐ Sideswipe-Opposite
☐ Other/Unknown

Special Circumstances

- ☐ None
☐ School Bus
☐ Local
☐ Clear
☐ Cloudy
☐ Fog/Smoke
☐ Rain
☐ Dusk
☐ Dry
☐ Wet
☐ Icy
☐ Snowy
☐ Muddy
☐ Slushy
☐ Hit and Run
☐ Fleeing Police
☐ State
☐ Severe Wind
☐ Snow/Blowing Snow
☐ Sleet/Hail
☐ Other/Unknown
☐ Dark-Lighted
☐ Dark-Unlighted
☐ Other/Unknown

Light

Road Condition

Weather

Special Checks

Area

Total Lanes

Speed Limit

Posted

Yes

No

County

City/Twp

Yield Sign

Stop Sign

Signal

None of These

Traffic Control

Construction Zone (if applicable)

Type

Const/Maint.

Utility

Lane Closed

Yes

No

Activity

On Road

Off Road

None

Prefix

Road Name

Distance

Prefix

Intersecting Road

Unit Number

State

Driver License Number

Date of Birth

Unit Type

MV

B

P

E (Train)

Name

Street Address

City

State

Zip

Phone Number

Driver Condition

Interlock

Yes

No

Alcohol

Yes

No

Test Type

Blood

Urine

Test Results

Drugs

Yes

No

Vehicle Registration

State

Insurance

Towed To/By

VIN

Vehicle Description

Make

Model

Color

Year

Location of Greatest Damage

First Impact

Extent of Damage

Driveable

Yes

No

Vehicle Type

PA

VA

PU

ST

Vehicle Direction

North

South

East

West

Vehicle Use

Special Vehicles

Private Trailer Type

Vehicle Defect

Vehicle Use

Special Vehicles

Private Trailer Type

Vehicle Defect

Vehicle Use

Special Vehicles

Private Trailer Type

Vehicle Defect

Vehicle Use

Special Vehicles

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Vehicle Use

Special Vehicles

Private Trailer Type

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Vehicle Use

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| Unit Number | | | | | | | | | | State | | | | | | | | | | Driver License Number | | | | | | | | | | Date of Birth | | | | | | | | | | License Type | | | | | | | | | | Sex | | | | | | | | | | Total Occup | | | | | | | | | | Hazard Action | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NCS | | | | | | | | | | Unit Type <input type="radio"/> Mv <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) | | | | | | | | | | Name Street Address City State Zip Phone Number | | | | | | | | | | Driver Condition Interlock <input type="radio"/> Yes <input type="radio"/> No Alcohol <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results Drugs <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results | | | | | | | | | | Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O | | | | | | | | | | Position <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Airbag Deployed <input type="radio"/> Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other | | | | | | | | | | Hospital <input type="radio"/> Ambulance <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIN | | | | | | | | | | Location of Greatest Damage First Impact Extent of Damage Driveable <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | Vehicle Registration State Insurance Towed To/By | | | | | | | | | | Vehicle Description Make Model Color Year | | | | | | | | | | Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MC <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section) | | | | | | | | | | Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West | | | | | | | | | | Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 | | | | | | | | | | Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 | | | | | | | | | |
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| First Name Middle Last | | | | | | | | | | Date of Birth MMDDYYYY | | | | | | | | | | Sex <input type="radio"/> M <input type="radio"/> F | | | | | | | | | | Position <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | Hospital <input type="radio"/> Ambulance <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name Middle Last | | | | | | | | | | Date of Birth MMDDYYYY | | | | | | | | | | Sex <input type="radio"/> M <input type="radio"/> F | | | | | | | | | | Position <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | Hospital <input type="radio"/> Ambulance <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Owner <input type="radio"/> Witness Uninjured Passenger Owner <input type="radio"/> Witness Uninjured Passenger | | | | | | | | | | Name Address Phone Number Age Pos. Rest. | | | | | | | | | | Name Address Phone Number Age Pos. Rest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Reported on Front Action Prior Sequence of Events First Second Third Fourth Most Harmful | | | | | | | | | | Unit Reported Above Action Prior Sequence of Events First Second Third Fourth Most Harmful | | | | | | | | | | Crash Diagram and Remarks North | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number Carrier Name Address City State Zip GVWR ICCMC USDOT MPSC Type & Axes Per Unit First Second Third Fourth Cargo Body Type ID # | | | | | | | | | | Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS Medical Card <input type="radio"/> Y <input type="radio"/> N Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill Class # | | | | | | | | | | Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UD-10 SERIAL NUMBER | | | | | | | | | | Investigated at Scene <input type="radio"/> Y <input type="radio"/> N | | | | | | | | | | Reported Date/Time | | | | | | | | | | Photos By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Investigator Name(s) & Badge # (Print Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Forward Original To: Michigan State Police, Traffic Crash Reporting Section,
 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

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APPENDIX B UD-10 FORM

| | | | | | |
|---|--|--|--|---|--|
| Authority: 1949 PA 300, Sec. 257.622 Compliance: Required MSP UD-10 Penalty: \$100 and/or 90 days (Rev 1/04) | | 99 Do Not Use | | Page 3 Of 4 Incident # 4 File Class 5 Incident Disposition 6 Closed Reviewer 7 | |
| <h2 style="text-align: center;">STATE OF MICHIGAN TRAFFIC CRASH REPORT</h2> | | | | | |
| ORI: MI- 1 Department Name 2 | | | | | |
| Crash Date Month Year 8 Crash Time 9 No. of Units 10 | | Crash Type 11 <input type="checkbox"/> Single Motor Vehicle <input type="checkbox"/> Head On <input type="checkbox"/> Head On-Left Turn <input type="checkbox"/> Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Rear End-Left Turn <input type="checkbox"/> Rear End-Right Turn <input type="checkbox"/> Sideswipe-Same <input type="checkbox"/> Sideswipe-Opposite <input type="checkbox"/> Other/Unknown | | Special Circumstances 12 <input type="checkbox"/> None <input type="checkbox"/> School Bus <input type="checkbox"/> Head On <input type="checkbox"/> Local 13 <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Rain <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Road Condition 16 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Muddy <input type="checkbox"/> Slushy | |
| County 18 City/Twp 19 Traffic Control 20 <input type="checkbox"/> None of These <input type="checkbox"/> Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign | | Relation to Roadway 21 <input type="checkbox"/> Shoulder <input type="checkbox"/> Outside of Shoulder/Curb <input type="checkbox"/> Median <input type="checkbox"/> Gore <input type="checkbox"/> Other/Unknown | | Special Checks 17 <input type="checkbox"/> Fatal (Report All) <input type="checkbox"/> Corrected <input type="checkbox"/> Replace (Entire Report) <input type="checkbox"/> Delete (Entire Report) <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile | |
| Construction Zone (if applicable) (Mark One From Each Group) Type 22 <input type="checkbox"/> Const./Maint. <input type="checkbox"/> Utility Lane Closed 22 <input type="checkbox"/> Yes <input type="checkbox"/> No Activity 22 <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input type="checkbox"/> None | | Light 14 <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Other/Unknown | | Area 23 Total Lanes 24 Speed Limit 25 Posted 26 | |
| Prefix 27 Road Name 27 Distance 27 <input type="checkbox"/> FT <input type="checkbox"/> MI North East South West Beginning of Ramp End of Ramp | | Divided Roadway 28 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | | Road Type 29 Suffix 29 | |
| Prefix 27 Intersecting Road 27 Divided Roadway 28 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | | Road Type 29 Suffix 29 | | | |
| Unit Number 30 State 30 Driver License Number 30 Date of Birth 30 Unit Type 31 <input type="checkbox"/> M <input type="checkbox"/> E (train) Name 32 Street Address 32 City 32 State 32 Zip 32 Phone Number 32 | | License Type 30 <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> R Sex 30 <input type="checkbox"/> M <input type="checkbox"/> F Total Occup 38 Hazard Action 39 | | Injury 36 <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Ejected <input type="checkbox"/> Trapped <input type="checkbox"/> Airbag Deployed <input type="checkbox"/> Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other 43 | |
| Driver Condition 33 <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol 33 <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type 34 <input type="checkbox"/> Refused <input type="checkbox"/> FBT <input type="checkbox"/> Blood <input type="checkbox"/> Urine Test Results 34 | | Drugs 34 <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type 34 <input type="checkbox"/> Blood <input type="checkbox"/> Urine Test Results 34 | | Hospital 40 Ambulance 40 Ejected 41 Trapped 41 Airbag Deployed 42 Citation Issued 43 | |
| Vehicle Registration 44 State 44 Insurance 46 Towed To/By 47 VIN 45 Location of Greatest Damage 49 First Impact 50 Extent of Damage 51 Driveable 52 <input type="checkbox"/> Yes <input type="checkbox"/> No | | Vehicle Type 53 <input type="checkbox"/> PA <input type="checkbox"/> VA <input type="checkbox"/> PU <input type="checkbox"/> ST <input type="checkbox"/> SM Vehicle Direction 54 <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | Special Vehicles 55 <input type="checkbox"/> Private Trailer <input type="checkbox"/> Vehicle Defect <input type="checkbox"/> Vehicle 58 <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | |
| First Name 59 Middle 59 Last 59 Injury 60 <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Equipped | | Date of Birth 62 Street Address 62 City 62 State 62 Zip 62 Phone Number 62 | | Sex 62 <input type="checkbox"/> M <input type="checkbox"/> F Position 63 Restraint 63 Hospital 64 Ambulance 64 Ejected 65 Trapped 65 | |
| First Name 60 Middle 60 Last 60 Injury 60 <input type="checkbox"/> K <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Equipped | | Date of Birth 62 Street Address 62 City 62 State 62 Zip 62 Phone Number 62 | | Sex 62 <input type="checkbox"/> M <input type="checkbox"/> F Position 63 Restraint 63 Hospital 64 Ambulance 64 Ejected 65 Trapped 65 | |
| Name 66 Phone Number 66 Age 66 Pos. 66 Rest. 66 | | Name 66 Phone Number 66 Age 66 Pos. 66 Rest. 66 | | Address 66 Address 66 | |
| Person Advised of Damaged Traffic Control 67 Date 67 Time 67 Name 67 | | Damaged Property 68 Owner & Phone 70 | | Push 69 <input type="checkbox"/> Y <input type="checkbox"/> N | |
| UD-10 SERIAL NUMBER 71 Serial Override Number 71 | | Do Not Write or Mark In This Area 98 | | | |

APPENDIX B (continued) UD-10 FORM

| Unit Number | | State | | Driver License Number | | Date of Birth | | License Type | | Sex | | Total Occup | | Hazard Action | | | |
|---|--|-------|--|-----------------------|--|--|--|--|--|--|--|--|--|---|--|---|--|
| NCS | | | | | | MMDDYYYY | | <input type="radio"/> D <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R | | <input type="radio"/> M <input type="radio"/> F | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | | |
| Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) | | | | | | Name Street Address City State Zip Phone Number | | | | | | Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C | | Position <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Restraint <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Driver Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type <input type="checkbox"/> Field <input type="checkbox"/> PST <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Test Results | | | | | | Ejected Trapped <input type="checkbox"/> Yes <input type="checkbox"/> No Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous <input type="checkbox"/> Other | | | | | | Hospital <input type="checkbox"/> <input type="checkbox"/> | | Ambulance <input type="checkbox"/> <input type="checkbox"/> | | | |
| Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle Registration VIN | | | | | | Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine State Insurance Towed To/By | | | | | | Ejected Trapped <input type="checkbox"/> Yes <input type="checkbox"/> No Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous <input type="checkbox"/> Other | | Hospital <input type="checkbox"/> <input type="checkbox"/> | | Ambulance <input type="checkbox"/> <input type="checkbox"/> | |
| Vehicle Description Location of Greatest Damage First Impact Extent of Damage Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Make Model Color Year Vehicle Type <input type="checkbox"/> PA <input type="checkbox"/> CY <input type="checkbox"/> OR <input type="checkbox"/> VA <input type="checkbox"/> MO <input type="checkbox"/> Other <input type="checkbox"/> PU <input type="checkbox"/> GC <input type="checkbox"/> Truck/Bus <input type="checkbox"/> ST <input type="checkbox"/> SM (Complete Truck/Bus Section) | | | | | | Vehicle Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | Special Vehicles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Private Trailer Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| First Name Middle Last | | | | | | Date of Birth MMDDYYYY Street Address City State Zip Phone Number | | | | | | Sex <input type="radio"/> M <input type="radio"/> F | | Position <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Hospital <input type="checkbox"/> <input type="checkbox"/> | |
| Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No Ejected Trapped <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | First Name Middle Last | | | | | | Date of Birth MMDDYYYY Street Address City State Zip Phone Number | | | | | |
| Owner <input type="checkbox"/> Witness Uninjured Passenger Owner <input type="checkbox"/> Witness Uninjured Passenger | | | | | | Name Address Phone Number Age Pos. Rest. | | | | | | Name Address Phone Number Age Pos. Rest. | | | | | |
| Unit Reported on Front Action Prior Sequence of Events First Second Third Fourth Most Harmful | | | | | | Unit Reported Above Action Prior Sequence of Events First Second Third Fourth Most Harmful | | | | | | Crash Diagram and Remarks North 75 | | | | | |
| Unit Number Carrier Name Address City State Zip GVWR ICCMC USDOT MPSC Type & Axles Per Unit Cargo Body Type ID # | | | | | | Driver's CDL Type <input type="radio"/> A <input type="radio"/> G <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X <input type="checkbox"/> Int <input type="checkbox"/> Intr (Only) CDL Exempt <input type="checkbox"/> F <input type="checkbox"/> Other Vehicle Type <input type="checkbox"/> AL <input type="checkbox"/> BS <input type="checkbox"/> CX <input type="checkbox"/> AA <input type="checkbox"/> AT <input type="checkbox"/> BB <input type="checkbox"/> BX <input type="checkbox"/> Other <input type="checkbox"/> AH <input type="checkbox"/> AY <input type="checkbox"/> CH <input type="checkbox"/> CP <input type="checkbox"/> AN <input type="checkbox"/> AT <input type="checkbox"/> SN <input type="checkbox"/> CS <input type="checkbox"/> AP <input type="checkbox"/> AZ <input type="checkbox"/> BP <input type="checkbox"/> CS Medical Card <input type="checkbox"/> Y <input type="checkbox"/> N Hazardous <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill Class # | | | | | | Carrier Source <input type="checkbox"/> Papers <input type="checkbox"/> Vehicle <input type="checkbox"/> Log Book <input type="checkbox"/> Driver | | | | | |
| UD-10 SERIAL NUMBER Investigated at Reported Date/Time Investigator Name(s) & Badge # (Print Only) | | | | | | Photos By | | | | | | | | | | | |

APPENDIX B (continued) UD-10 REFERENCE GUIDE

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Revised 04/04

| | | | |
|---|--|---|---|
| Crash Type (First Impact) Single Motor Vehicle Includes Car/Pedestrian, Car/Bicyclist, Car/Animal, Car/Train, Car/Fixed Object | | Special Vehicles 1 Police 4 Ambulance 2 Fire 5 Farm equipment 3 Bus 6 Construction/ maintenance equip. | Vehicle Use 1 Private 2 Commercial 3 In pursuit/on emergency 4 Farm 5 School/education 6 Club/church (all Y-plates) 7 Military 8 Other government 9 Utility (gas, cable, etc.) 10 Road construction/ road maintenance 11 Other |
| Area Freeway 01 Entrance/exit ramp related 02 Median crossing related 03 Transition area* 04 Rest area related 05 Scale/weight station related 06 All other freeway areas Intersection 07 Within intersection 08 Driveway related (within 150 feet of intersection) 09 Intersection related-other Other Non-Freeway Areas 10 Straight roadway Not related to other selections 11 Curved roadway Not related to other selections 12 Driveway related 13 Parking related (legal roadside) 14 Transition area* 15 Median crossing related 16 Rail crossing related 17 Rest area related 18 Scale/weight station related 19 Non-traffic area 20 Other 21 Unknown <small>*Increase decrease in the number of travel lanes.</small> | | Position B Bicyclist P Pedestrian E Engineer (railroad/train) 1-9 Vehicle Interior See Representation Below | Vehicle Defects 1 Brakes 4 Tires/wheels 2 Lights/reflectors 5 Windows 3 Steering 6 Other |
| Trafficway 01 Not physically divided (2-way Trafficway) 02 Divided highway, median strip, without traffic barrier 03 Divided highway, median strip, with traffic barrier 04 One-way Trafficway | | Restraint Use 01 No belts available 02 Shoulder belt only used 03 Lap belt only used 04 Shoulder & lap belt used 05 No belt used 06 Child restraint used 07 Child restraint not used, not available or improper 08 Restraint failure 09 Restraint use unknown 10 Helmet worn 11 Helmet not worn 12 Helmet use unknown | Motorcycles, snowmobiles, etc. (In-line seating) 1 Driver 4 Passenger one 7 Passenger two |
| Access Control 01 No access control (unlimited access) 02 Full access control (ramp entry & exit only) 03 Other (Partial access control) | | Code of Injury K- Fatal Injury Any injury which results in death. A- Incapacitating Injury Any injury other than fatal which prevents normal activities and generally requires hospitalization. B- Non-Incapacitating Injury Any injury not incapacitating but evident to others at the scene. C- Possible Injury No visible injury but complaint of pain or momentary unconsciousness. O- No Injury No indication of injury. | Action Prior To Crash Driver Action 01 Going straight ahead 02 Turning left 03 Turning right 04 Stopped on roadway 05 Involved in prior crash at same location 06 Changing lanes 07 Backing 08 Slowing/stopping on roadway 09 Slowing/stopping other area 10 Starting up on roadway 11 Starting up other area 12 Entering parking 13 Leaving parking 14 Entering roadway 15 Leaving roadway 16 Making U-turn 17 Overtaking or passing 18 Avoiding object 19 Avoiding pedestrian 20 Avoiding vehicle (front/back) 21 Avoiding vehicle (angle) 22 Driverless moving 23 Parked 37 Avoiding animal Pedestrian Action 24 Crossing at intersection 25 Crossing not at intersection 26 Getting on/off vehicle 27 In roadway with traffic 28 In roadway against traffic 29 Standing/lying in roadway 30 Pushing/working on vehicle 31 Other working in roadway 32 Playing in roadway 33 In roadway other reason 34 Not in roadway 35 Other 36 Unknown |
| Hazardous Action 00 None 01 Speed too fast 02 Speed too slow 03 Failed to yield 04 Disregard traffic control 05 Drove wrong way 06 Drove left of center 07 Improper passing 08 Improper lane use 09 Improper turn 10 Improper/no signal 11 Improper backing 12 Unable to stop in assured clear distance 13 Other 14 Unknown 15 Reckless Driving 16 Careless/Negligent Driving | | Driver Condition 01 Appeared normal 02 Had been drinking 03 Illegal drug use 04 Sick 05 Fatigue 06 Asleep 07 Medication 08 Driver Distracted 09 Driver Using Cellular Phone 99 Unknown | Sequence of Events/ Most Harmful Event Non-Collision 01 Loss of control 02 Cross centerline/median 03 Ran off roadway-left 04 Ran off roadway-right 05 Re-enter roadway 06 Overturn 07 Separation of units 08 Fire/explosion 09 Immersion 10 Jackknife 11 Downhill runaway 12 Cargo loss/shift 13 Individual fell from vehicle 14 Other noncollision Had a Collision With Non-Fixed Objects 15 Pedestrian 16 Bicyclist 17 Motor vehicle in transport* 18 Parked motor vehicle 19 Engineer (railroad/train) 20 Animal 21 Other non-fixed object Fixed Objects 22 Bridge/pier/abutment 23 Bridge parapet end 24 Bridge rail 25 Guardrail face 26 Guardrail end 27 Median barrier 28 Highway traffic sign post 29 Highway signal post 30 Luminaire/light support 31 Utility pole 32 Other pole 33 Culvert 34 Curb 35 Ditch 36 Embankment 37 Fence 38 Mailbox 39 Tree 40 Railroad crossing signal 41 Building 42 Traffic island 43 Fire hydrant 44 Impact attenuator 45 Other fixed object <small>*In transport means a motor vehicle in motion or on a roadway.</small> |
| Unit Type MV Motor Vehicle B Bicyclists(all pedalcyclists) P Pedestrian E Engineer (railroad/train) | | | |

APPENDIX B (continued) UD-10 REFERENCE GUIDE

Commercial Motor Vehicle Type & Commercial Driver License Endorsement

Group "A" is any vehicle that is towing a vehicle or trailer that has a gross vehicle weight rating (GVWR) over 10,000 lbs.



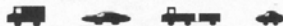
| Vehicle Type | Code | Definition | Driver's CDL Endorsement Required |
|--|------|------------|-----------------------------------|
| Group A vehicle | AA | | A |
| Group A vehicle, Hazardous | AH | | AH |
| Group A vehicle, Tanks | AN | | AN |
| Group A vehicle, Passenger | AP | | AP |
| Group A vehicle, Double/Triple | AT | | AT |
| Group A vehicle, Tank & Hazardous | AX | | AX |
| Group A vehicle, Tank & Double/Triple | AZ | | ANT |
| Group A vehicle, Hazardous, Double/Triple | AL | | AHT |
| Group A vehicle, Hazardous Tank, Double/Triple | AS | | ATX |
| Group A vehicle, School Bus | BS | | APS |

Group "B" is any single vehicle(including buses) with a GVWR of 26,001 lbs. or more. This would include a combination of vehicles with a combined GVWR over 26,000 lbs. when towing a trailer that has a GVWR of 10,000 lbs. or less:



| | | | |
|-----------------------------------|----|--|-----|
| Group B vehicle | BB | | B |
| Group B vehicle, Hazardous | BH | | BH |
| Group B vehicle, Tank | BN | | BN |
| Group B vehicle, Passenger | BP | | BP |
| Group B vehicle, Tank & Hazardous | BX | | BX |
| Group B vehicle, School Bus | BS | | BPS |

Group "C" is any single vehicle with a GVWR of less than 26,001 pounds or a combination of vehicles having a combined GVWR under 26,001 pounds when the vehicle is required to display placards for hazardous material or designed to carry 16 passengers (including driver). Group "C" is also any vehicle carrying 15 or less people (including driver) transporting children to or from school and home on a regular basis for compensation.



| | | | |
|-----------------------------------|----|--|-----|
| Group C vehicle, Hazardous | CH | | CH |
| Group C vehicle, Passenger | CP | | CP |
| Group C vehicle, Tank & Hazardous | CX | | CX |
| Group C vehicle, School Bus | CS | | CPS |

Location of Greatest Damage/ First Impact

2

3

4

1

0 Rollover

5

8

7

6

9 Undercarriage

10 Multiple

11 Other/Unknown

12 None

Vehicle Type

| | | |
|-----------|---|---|
| PA | = | Passenger car and station wagon |
| VA | = | Van, motor home |
| PU | = | Pickup truck |
| ST | = | Small truck (10,000 lbs.) |
| CY | = | Cycle |
| MO | = | Moped |
| GC | = | Go-cart |
| SM | = | Snowmobile |
| OR | = | Off road vehicle (ATV type) |
| Other | = | Non-registered vehicles (E.g., farm equip, trains, front end loader) |
| Truck/Bus | = | Complete the Truck/Bus Section (includes medium trucks, limousines and courtesy vans) |

Truck or Bus Definition

The truck/bus information box located on the back of the form must be completed for each of these vehicles.

- A truck or truck/trailer having a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds for the power unit or any other vehicle displaying a hazardous materials placard.
- Any vehicle that displays a hazardous material placard, including automobiles and vans.
- Any bus or school bus designed or used to transport 8 or more passengers including the driver. (Note: this includes limousines or courtesy vans)

(Do not report motor homes or implements of husbandry.)

Cargo Body Type

- Van (enclosed box)
- Cargo tank
- Flatbed/platform
- Dump
- Concrete mixer
- Auto transport
- Garbage/refuse
- Other/unknown

Type and Axles Per Unit

Enter the total number of axles for the truck or bus in the first box. Always include the steering axle. There will always be at least two axles. Include all axles whether they are on the ground or raised. Place the letter "T" before the number of axles if the truck is a truck tractor (equipped with a fifth wheel for towing semi-trailers and there is no cargo body mounted on the truck.)

Next, enter the total number of axles for each trailer. List one trailer per box. Include all axles whether they are on the ground or raised. Place an "S" before the number of axles if the trailer is a semi-trailer (designed so that a portion of the load is supported by the towing unit).

Examples

2

1st

2nd

3rd

4th

T2

1st

S1

2nd

2

3rd

4th

2

1st

2nd

3rd

4th

Extent of Vehicle Damage

Select the degree of severity, "1" being the least severe and "7" most severe, for each vehicle.

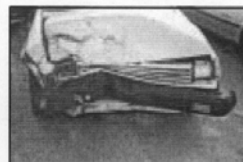
If a vehicle sustained no damage, a "0" (zero) rating is used.

In cases in which vehicles are damaged in more than one area, consider all damage when selecting the appropriate code.



1

2



3

4



5

6

7

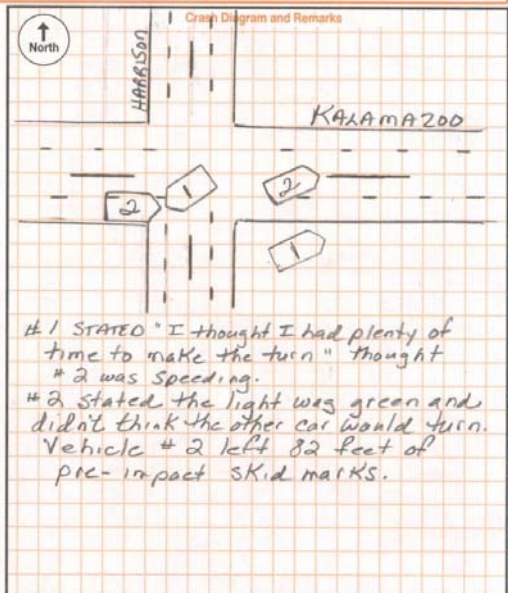
Questions about the UD-10? Call the
Traffic Crash Reporting Section at (517) 322-1104

For additional information in filling out the truck portion,
assistance may be available by contacting the
Michigan State Police, Motor Carrier Division (517/336-6195)

APPENDIX B (continued) **EXAMPLE OF PREPARED UD-10**

| | | | | |
|---|---|--|--|--|
| Authority: 1949 PA 300, Sec. 257.622 Compliance: Required MSP UD-10 Penalty: \$100 and/or 90 days (Rev 1/04) | | Do Not Use | | Page <u>1</u> of <u>1</u> Incident # <u>942004</u> File Class <u>93001</u> Incident Disposition <input type="radio"/> Open <input checked="" type="radio"/> Closed Reviewer <u>DMH</u> |
| STATE OF MICHIGAN TRAFFIC CRASH REPORT | | | | |
| ORI: <u>MI-3336400</u> | | Department Name <u>EAST LANSING P.D.</u> | | |
| Crash Date <u>01/15/2004</u> County <u>33</u> City/Twp <u>80</u> | Crash Time <u>0245</u> No. of Units <u>02</u> Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign | Relation to Roadway (Location of First Impact) <input checked="" type="radio"/> On Road <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown | Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input checked="" type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown | |
| Construction Zone (if applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed <input type="radio"/> Yes <input type="radio"/> No Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None | | Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police Special Study <input type="radio"/> Local <input type="radio"/> State Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown | Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile Area <u>07</u> Total Lanes <u>4</u> Speed Limit <u>25</u> Posted <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Prefix <u>KALAMA</u> Road Name <u>200</u> Distance <u>20</u> <input type="radio"/> FT <input type="radio"/> MI <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West Prefix <u>HARRISON</u> Intersecting Road Divided Roadway <input type="radio"/> (N) <input type="radio"/> (S) <input type="radio"/> (E) <input type="radio"/> (W) | | Road Type <u>ST</u> Suffix Access Control <input type="radio"/> (2) <input type="radio"/> (3) | | |
| Unit Number <u>1</u> State <u>PA</u> Driver License Number <u>C671326277684</u> Date of Birth <u>02/14/1973</u> Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) Name <u>JOE NMN COLLEGE</u> Street Address <u>1126 MEMORY LANE</u> City <u>Sinamahoning</u> State <u>PA</u> Zip <u>15861</u> Phone Number <u>(814) 628-1168</u> | | License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R Sex <input checked="" type="radio"/> M <input type="radio"/> F Total Occup <u>02</u> Hazard Action <u>03</u> Injury <u>01</u> Position <u>04</u> Restraint <u>04</u> Hospital <u>330060</u> <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> Not Equipped Citation Issued <u>8110</u> <input type="radio"/> Hazardous <input type="radio"/> Other | | |
| Driver Condition <input type="radio"/> Yes <input checked="" type="radio"/> No Intoxicated <input type="radio"/> Yes <input checked="" type="radio"/> No Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results <u>.03</u> | | Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results Vehicle Registration <u>MG21954</u> State <u>PA</u> Insurance <u>ERIE</u> Towed To/By <u>Routs / Pops</u> | | |
| VIN <u>1G45Z41J8MM161245</u> Location of Greatest Damage First Impact <u>02</u> Extent of Damage <u>4</u> <input type="radio"/> Yes <input checked="" type="radio"/> No Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No | | Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section) Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West Special Vehicles <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) Private Trailer Type <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) | | |
| First Name Middle Last Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <input type="radio"/> Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped | | Date of Birth <u>MM/DD/YYYY</u> Sex <input type="radio"/> M <input type="radio"/> F Street Address City State Zip Phone Number Date of Birth <u>MM/DD/YYYY</u> Sex <input type="radio"/> M <input type="radio"/> F Street Address City State Zip Phone Number | | |
| First Name Middle Last Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <input type="radio"/> Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped | | Date of Birth <u>MM/DD/YYYY</u> Sex <input type="radio"/> M <input type="radio"/> F Street Address City State Zip Phone Number Date of Birth <u>MM/DD/YYYY</u> Sex <input type="radio"/> M <input type="radio"/> F Street Address City State Zip Phone Number | | |
| Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness Name <u>Josephine College</u> Phone Number <u>814-628-1168</u> Age Pos. Rest. Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness Name <u>Burt Lahr</u> Phone Number <u>NONE</u> Age Pos. Rest. | | Address <u>1126 MEMORY LANE</u> <u>Sinamahoning, PA 15861</u> <u>2600 FOREST TRAIL</u> <u>02, MI 48762</u> | | |
| Person Advised of Damaged Traffic Control Date Time Name | | Damaged Property Owner & Phone Public <input type="radio"/> | | |
| UD-10 SERIAL NUMBER <u>6790708</u> | | Serial Override Number Do Not Write or Mark Below This Line | | |

APPENDIX B (continued) **SAMPLE PREPARED UD-10 TRAFFIC CRASH REPORT**

| | | | | | | | | | |
|--|--|--------------------|--|--|--|----------------------------------|--|---|--|
| Unit Number 2 | | State MI | | Driver License Number D626123362993 | | Date of Birth 02191969 | | BACK | |
| NCS Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) Name: MARY Jane DRIVER Street Address: 2367 Easy St City: MAYBEE State: MI Zip: 48159 Phone Number: (989) 334-5198 Driver Condition: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered (Submit Results To FARS When Available) Alcohol: <input checked="" type="radio"/> Yes <input type="radio"/> No Test Type: <input type="radio"/> Field <input checked="" type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results: -05 | | | | | | | | License Type: <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R Sex: <input type="radio"/> M <input checked="" type="radio"/> F Total Occup: 01 Hazard Action: 01 Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F Position: 01 Restraint: 04 Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No Citation Issued: <input type="radio"/> Hazardous <input type="radio"/> Other 8273 | |
| Vehicle Registration: 450BAF State: MI Insurance: CITIZENS Towed To/By: SAWYERS/POPS VIN: 1G6T458J2ND420617 Vehicle Description: PONTIAC FIREBIRD Make: PONTIAC Model: FIREBIRD Color: BLACK Year: 1992 Location of Greatest Damage: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) First Impact: 01 Extent of Damage: 4 <input type="radio"/> Yes <input checked="" type="radio"/> No Vehicle Type: <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section) Vehicle Direction: <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West Special Vehicles: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) Private Trailer Type: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) Vehicle Defect: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) | | | | | | | | Hospital: 330060 Ambulance: 331002 Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| First Name: DRIVER Middle: DRIVER Last: DRIVER Date of Birth: MMDDYYYY Sex: <input type="radio"/> M <input checked="" type="radio"/> F Street Address: DRIVER City: DRIVER State: MI Zip: DRIVER Phone Number: DRIVER Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped | | | | | | | | Hospital: DRIVER Ambulance: DRIVER Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Owner: <input type="radio"/> Owner <input type="radio"/> Witness Name: DRIVER Address: DRIVER Phone Number: DRIVER Age: DRIVER Pos: DRIVER Rest: DRIVER Uninsured Passenger: <input type="radio"/> Owner <input type="radio"/> Witness Name: DRIVER Address: DRIVER Phone Number: DRIVER Age: DRIVER Pos: DRIVER Rest: DRIVER | | | | | | | | | |
| Unit Reported on Front Sequence of Events: 02 17 34 Most Harmful: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) | | | | Unit Reported Above Sequence of Events: 01 17 Most Harmful: <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12) | | | | | |
| Unit Number: 2 Carrier Name: DRIVER Address: DRIVER City: DRIVER State: MI Zip: DRIVER GVWR: DRIVER Carrier Source: <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver ICCMC: DRIVER Driver's CDL Type: <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X USDOT: DRIVER <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) <input type="radio"/> CDL Restrictions: <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 MPSC: DRIVER CDL Exempt: <input type="radio"/> Farm <input type="radio"/> Other Vehicle Type: <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other Type & Axles: <input type="radio"/> AN <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS Medical Card: <input type="radio"/> Y <input checked="" type="radio"/> N Hazardous Material: <input type="radio"/> Placard <input type="radio"/> Cargo Spill Class #: DRIVER | | | | | | | | Crash Diagram and Remarks  | |
| UD-10 SERIAL NUMBER: 6790708 Investigated at Scene: 1-15-04 Reported Date/Time: 0248 Investigator Name(s) & Badge # (Print Only): I. M. GOODFELLOW # 42 Photos By: NONE | | | | | | | | | |

APPENDIX C

FATALITY ANALYSIS REPORTING SYSTEM

The Fatality Analysis Reporting System (FARS) gathers data on the most severe traffic crashes that occur each year - those that result in loss of human life.

The system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA) to provide an overall measure of highway safety, to help identify traffic safety problems, to suggest solutions and to help provide an objective basis on which to evaluate the effectiveness of motor vehicle safety standards and highway safety programs.

FARS became operational in 1975 and contains data on fatal traffic crashes within 50 States, the District of Columbia and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public, and must result in the death of a person (vehicle occupants or non-motorist).

The FARS file contains descriptions, in a standard format, of each fatal crash reported. Each crash has more than 100 different coded data elements that characterize the crash, the vehicles, and the people involved. The specific data elements may be modified slightly each year to conform to changing user needs, vehicle characteristics, and highway safety emphasis areas. The FARS analyst reviews the UD-10 to complete all data elements reported on four forms:

The **Crash Form** asks for specific information such as the time and location of the crash, the first harmful event, whether it is a hit-and-run crash, whether a school bus was involved, the number of vehicles and people involved and weather conditions.

The **Vehicle Form** calls for data on each vehicle involved in the crash. Specific data include the vehicle type, role in the crash, initial and principal impact points, the most harmful event.

The **Driver Form** calls for the drivers record and license status including mandated CDL information.

The **Person Form** calls for data on each person involved in the crash: his or her age and sex, role in the crash (driver, passenger, non-motorist), alcohol and drug involvement, injury severity and restraint use.

The data collected within FARS do not include any personal identifying information such as names, addresses, or social security numbers. Thus, any data kept in FARS files are made available to the public to fully conform to the Privacy Act laws. An overview of FARS data is published in various fact sheets and in an annual report. These are all available to the public. The annual report contains a comprehensive analysis of the years data and includes some past years data with comparative analyses.

FATALITY ANALYSIS REPORTING SYSTEM (Cont.)

Michigan has participated in the FARS program since its inception. The FARS analyst gathers, translates and enters data via a local microcomputer directly into NHTSA's central computer data file. Data is automatically checked when entered for acceptable range values and for consistency.

FARS data is used extensively within NHTSA; and requests are received from sources such as state and local governments, research organizations, private citizens, the auto and insurance industries, Congress, and the media. Specific FARS data uses include the evaluation of:

- legal drinking age legislation
- motorcycle helmet usage legislation
- repeat offender
- restraint usage laws
- the 65 MPH speed limit
- safety design of cars and light trucks
- safety of large trucks on the highway

FARS data can be accessed at the state level by the FARS analyst to respond to state safety issues. Users may request specific data from the Center at no charge for most requests, generally within two weeks allowing more time for complex or lengthy reports. Also users can obtain a file on computer tape in one of several formats amenable to analysis. This will allow processing of the data using the law enforcement agency's computer system. FARS website address is: www-fars.nhtsa.dot.gov.

To request FARS information, contact:

FARS Analyst
Michigan State Police
Criminal Justice Information Center
7150 Harris Drive
Lansing, MI 48913
Phone (517) 322-6910 or (517) 322-5030

APPENDIX C (continued)

REPORTING FATAL CRASHES VIA L.E.I.N

| | | |
|------------------------------|----------------|-----------------------------|
| A | ORI: MI3300206 | Operator's Name: 55: WIBERT |
| Requester's Name: 56: WIBERT | | MSPCJICCHRI |

Send To: ELOP MI3300800.

Incident Date: (mm) (dd) (ccyy)

Incident Time:

Related UD-10 Form #: Investigating Dept:

Complaint #: Type of Crash:

Location:

Street Name: Near Intersection:

City or Township: County:

Posted Speed Limit:

Traffic Control Device:

Roadway (Select all that apply):

SURFACE: ☐ Concrete ☐ Blacktop ☐ Gravel ☐ Dirt

ALIGNMENT: ☐ Straight ☐ Curve ☐ Hillcrest

PROFILE: ☐ Level ☐ Grade

Crash Involved Alcohol or Drugs:

Time EMS Dispatched: Time EMS Arrived:

Name: (L) 1: (F) (M) (S)

DOB: (mm) (dd) (ccyy)

Age: Sex:

Address: Zip: Person Type:

Date of Death: Time:

Relatives Notified: Alcohol/Drug: Restraint: Airbag:

Vehicle Year/Make/Model:

Name: (L) 1: (F) (M) (S)

DOB: (mm) (dd) (ccyy)

Age: Sex:

Address: Zip: Person Type:

Date of Death: Time:

Relatives Notified: Alcohol/Drug: Restraint: Airbag:

Name: (L) 1: (F) (M) (S)

DOB: (mm) (dd) (ccyy)

Age: Sex:

Address: Zip: Person Type:

Date of Death: Time:

Relatives Notified: Alcohol/Drug: Restraint: Airbag:

Opr:

REMINDER- STATUTE 257.625A(10) REQUIRES THAT BLOOD SAMPLES BE TAKEN AND TESTED FOR ALL DECEASED DRIVERS.

PLEASE FORWARD THE INITIAL UD-10 REPORT AND RELATED INVESTIGATIVE REPORTS WITHIN 10 DAYS OR AS SOON AS PRACTICAL TO:

MICHIGAN DEPARTMENT OF STATE POLICE, CRIMINAL JUSTICE DATA CENTER

DO NOT UNDULY DELAY SUBMISSION OF THESE INITIAL REPORTS PENDING BLOOD TESTS.

OR PROSECUTION. SEND ADDITIONAL REPORTS WHEN AVAILABLE. THANK YOU.

TO REPORT ALCOHOL/DRUG TEST RESULTS, PLEASE PHONE FARS UNIT(517)333-5307

APPENDIX D

DEFINITION OF TERMS

Some definitions given are for purposes of UD-10 Traffic Crash Report completion only and should not be used for enforcement or prosecution purposes.

At-intersection crash

Traffic crash where the first harmful event occurs at the exact intersecting point of the centerlines of the two roadways. See Within-Intersection Crash.

Bicycle

Bicycle means a device propelled by human power upon which a person may ride, having either 2 or 3 wheels in a tandem or tricycle arrangement, all of which are over 14 inches in diameter. §257.4

Bridge abutment

Vertical support structure that retains the earth supporting the bridge ends. See Bridge pier.

Bridge parapet end

The end of a bridge or bridge rail, as opposed to the “facing” which is that portion of the bridge rail beyond its end.

Bridge pier

Freestanding column that supports the weight of a bridge. The column is not enclosed or backed by earth. See Bridge abutment.

Bus

Any passenger-carrying vehicle designed or used to transport 8 or more passengers, including the driver.

Commercial Motor Vehicle

Has a gross combination weight rating of 26,001 pounds or more inclusive of a towed unit(s) with a gross vehicle weight rating of more than 10,000 pounds; has a gross vehicle weight rating of 26,001 pounds or more; is designed to transport 16 or more passengers, including the driver; and is of any size and is used in Hazardous Materials transport.

Crash

Unstabilized situation that includes at least one harmful event. Also, that occurrence in a sequence of events that usually produces injury, death or property damage.

Crash cushion

See Impact attenuator.

Culvert

Enclosed (covered) channel under a road or driveway to allow water to pass.

Elected gross weight

Elected gross weight means the empty weight of a vehicle or combination of vehicles, fully equipped for service, plus the weight of the maximum load which the owner has elected to carry on such vehicle or combination of vehicles. §257.13a

DEFINITION OF TERMS (Cont.)

Engineer, railroad

A person who operates an engine.

Farm tractor

Farm tractor means every motor vehicle designed and used primarily as a farm implement for drawing plows, mowing machines, and other implements of husbandry. §257.16

Fifth wheel travel trailer

A trailer designed for recreational use that is normally towed by a pickup truck. The fifth wheel hitch has an upper and lower coupling device; the lower half is mounted in the bed of the towing unit. The upper half consists of a plate and kingpin which is attached to the towed vehicle (fifth wheel travel trailer). A fifth wheel travel trailer is the only type of travel trailer that meets the requirement for use as the first towed unit in recreational doubles.

Gore

Gore means an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways that join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The gore is considered to start or end at the point where the painted pavement edge lines of the two roadways diverge or converge.

Gross Vehicle Weight Rating (GVWR)

The maximum rated loaded weight in pounds of a single vehicle. Vehicle manufacturers specify the GVWR and this can be found on the vehicle certification label.

Gross weight

Gross weight means the weight of a vehicle without load plus the weight of any load thereon. §257.19

Harmful event

Harmful event means an occurrence of injury or damage.

Highway or street

Highway or street means the entire width between the boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel. §257.20

Ignition Interlock Devices

Ignition Interlock device means an alcohol concentration measuring device that prevents a motor vehicle from being started at any time without first determining through a deep lung sample the operators breath alcohol level. Michigan Vehicle Code, Sec. 257.625L (6).

Immersion

The act of plunging into a liquid (water).

DEFINITION OF TERMS (Cont.)

Impact attenuator

A protective device that protects errant vehicles from impacting fixed-object hazards by (1) gradually decelerating the vehicle and (2) re-directing its path of travel away from the fixed object.

Implement of husbandry

Implement of husbandry means a vehicle which is either a farm tractor, a vehicle designed to be drawn by a farm tractor or an animal, a vehicle which directly harvests farm products, or a vehicle which directly applies fertilizer, spray, or seeds to a farm field. §257.21

Intersection

Intersection means:

- (a) The area embraced within the prolongation or connection of the lateral curb lines, or, if none, then the lateral boundary lines of the roadways of two (2) highways which join one another at, or approximately at, right angles, or the area within which vehicles traveling upon different highways joining at any other angle may come in conflict.
- (b) Where a highway includes two (2) roadways 30 feet or more apart, then every crossing of each roadway of such divided highway by an intersecting highway shall be regarded as a separate intersection. In the event such intersecting highway also includes two (2) roadways 30 feet or more apart, then every crossing of two (2) roadways of such highways shall be regarded as a separate intersection. §257.22

Also: An area within the extended pavement lines at points where two highways join or cross (from Dictionary of Civil Engineering).

In transport

The term in transport denotes the state or condition of a vehicle that is in motion or within the portion of a way ordinarily used by similar vehicles. When applied to motor vehicles, in transport means in motion or on a roadway.

Inclusions:

- Motor vehicle in traffic on a highway
- Driverless motor vehicle in motion
- Motionless motor vehicle abandoned on a roadway
- Disabled motor vehicle on a roadway
- And others

A parked motor vehicle in roadway lanes used for travel during rush hours and parking during off-peak periods is in transport during periods when parking is forbidden.

Luminaire/light support

A complete lighting unit, consisting of lamp(s), support pole and wiring

Median

The median is the distance or area between the inside left-hand pavement edges of a divided highway.

DEFINITION OF TERMS (Cont.)

Moped

Moped means a 2- or 3-wheeled vehicle which is equipped with a motor that does not exceed 50 cubic centimeters piston displacement, produces 2.0 brake horsepower or less, and cannot propel the vehicle at a speed greater than 30 miles per hour on a level surface. The power drive system shall not require the operator to shift gears. 257.32b

Motorcycle

Motorcycle means every motor vehicle having a saddle or seat for the use of the rider and designed to travel on not more than 3 wheels in contact with the ground but excluding a tractor. §257.31

Motor home

Motor home means a motor vehicle constructed or altered to provide living quarters, including permanently installed cooking and sleeping facilities, and is used for recreation, camping, or other non-commercial use. §257.32a

Motor vehicle

Motor vehicle means every vehicle that is self-propelled and every vehicle which is propelled by electric power obtained from overhead trolley wires, but not operated upon rails. §257.33

Non-profit organization registration

A vehicle registration issued to certain non-profit organizations such as Civil Air Patrol, churches, and civic clubs. Sometimes referred to as a Y-Plate. See MVC 257.224 for details.

Non-traffic area

An area not designed for purposes of throughvehicular travel. Generally, an area with roadways that is not part of the state, county, or local road system. Non-traffic areas include shopping center parking areas and service-access roads, parking ramps, parklands and school properties.

ORV

ORV vehicle means a motor-driven off-road recreation vehicle capable of cross-country travel without benefit of a road or trail, on or immediately over land, snow, ice, marsh, swampland, or other natural terrain.

It includes, but is not limited to, a multitrack or multiwheel drive or low pressure tire vehicle; a motorcycle or related 2-wheel or 3-wheel vehicle; an amphibious machine; a ground effect air cushion vehicle; or other means of transportation deriving motive power from a source other than muscle or wind.

ORV vehicle does not include a registered snowmobile; a farm vehicle being used for farming; a vehicle used for military, fire, emergency, or law enforcement purposes; a construction or logging vehicle used in performance of its common function; or a registered aircraft. §257.1601

Parking

Parking means standing a vehicle, whether occupied or not, upon a road, when not loading or unloading, except when making necessary repairs. §257.38

DEFINITION OF TERMS (Cont.)

Pedalcycle

A non-motorized vehicle propelled by pedaling. It includes unicycles, bicycles, and tricycles.

Pedestrian

A person traveling on foot.

Ramp

An auxiliary roadway used for entering or leaving thru-traffic lanes.

Recreational double

Pulling vehicle equipped with fifth wheel and/or pulling two trailers, used for recreation and personal travel, as opposed to commercial use.

Roadway

Roadway means that portion of a highway improved, designed, or ordinarily used for vehicular travel. In the event a highway includes two (2) or more separate roadways, the term roadway, as used herein, shall refer to any such roadway separately, but not to all such roadways collectively. §257.55

School bus

School bus means every motor vehicle, except station wagons, with a manufacturers rated seating capacity of 16 or more passengers, including the driver, owned by a public, private, or governmental agency and operated for the transportation of children to or from school, or privately owned and operated for compensation for the transportation of children to or from school. School bus does not include buses operated by a municipally owned transportation system or by a common passenger carrier certificated by the state transportation department. §257.57

Semi-trailer

Semi-trailer means every vehicle with or without motive power, other than a pole-trailer, designed for carrying persons or property and for being drawn by a motor vehicle and so constructed that some part of its weight and that of its load rests upon or is carried by another vehicle. §257.59

Shoulder; ditch slope

Shoulder means that portion of the highway contiguous to the roadway generally extending the contour of the roadway, not designed for vehicular travel but maintained for the temporary accommodation of disabled or stopped vehicles otherwise permitted on the roadway.

Ditch slope is that portion of the highway adjacent to the shoulder if one exists or adjacent to the roadway on roads without shoulders, extending to the bottom of the roadside ditch and is not constructed or maintained for the use of any vehicles except those engaged in construction or maintenance. §257.59a

DEFINITION OF TERMS (Cont.)

Snowmobile

Snowmobile means any motor driven vehicle designed for travel primarily on snow or ice of a type which utilizes sled runners or skis, or an endless belt tread or any combination of these or other similar means of contact with the surface upon which it is operated; but is not a vehicle which must be registered under Act No. 300 of the Public Acts of 1949, as amended, being sections 257.1 to 257.923 of the Michigan Compiled Laws. §257.1501

Special mobile equipment

Special mobile equipment means every vehicle not designed or used primarily for the transportation of persons or property and incidentally operated or moved over the highways, including farm tractors, road construction or maintenance machinery, mobile office trailers, mobile tool shed trailers, mobile trailer units used for housing stationary construction equipment, ditch-digging apparatus, well-boring and well-servicing apparatus. The foregoing enumeration shall be deemed partial and shall not operate to exclude other such vehicles which are within the general terms of this definition. §257.62

Street or highway

Street or highway means the entire width between boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel. §257.64

Thru highway

Thru highway means every state trunk line highway, or any other highway at the entrance to which vehicular traffic from an intersecting highway is required by law to stop before entering or crossing the same. §257.68

Towed vehicle

Vehicle being pulled or pushed by a tow truck or other motor vehicle, where some tires of the towed vehicle touch the road surface (does not include vehicles being transported on flat-bed truck).

Traffic

Traffic means pedestrians, ridden or herded animals, vehicles, street cars and other conveyances, either singly or together, while using any highway for purposes of travel. §257.69

Traffic Crash

An incident involving a motor vehicle, in transport, on a roadway, that resulted in death, injury or property damage of \$1,000 or more.

Traffic control devices

Traffic control devices means all signs, signals, markings, and devices not inconsistent with this act placed or erected by authority of a public body or official having jurisdiction, for the purpose of regulating, warning or guiding traffic. §257.70

Trailer

Trailer means every vehicle with or without motive power, other than a pole-trailer, designed for carrying property or persons and for being drawn by a motor vehicle and so constructed that no part of its weight rests upon the towing vehicle. §257.73

DEFINITION OF TERMS (Cont.)

Transition area

Area of road where the number of travel lanes increases or decreases.

Truck

Truck means every motor vehicle designed, used, or maintained primarily for the transportation of property. §257.75

Truck Tractor

Truck tractor means every motor vehicle designed and used primarily for drawing other vehicles, and not so constructed as to carry a load other than a part of the weight of the vehicle and load so drawn, except that a truck tractor and semi-trailer engaged in the transportation of automobiles may transport motor vehicles on part of the power unit. §257.77

Unstabilized situation

Set of events not under human control. It starts when control is lost and ends when (1) control is regained or, (2) in the absence of persons who are able to regain control, when all persons and property are at rest.

Vehicle

Vehicle means every device in, upon, or by which any person or property is or may be transported or drawn upon a highway, excepting devices exclusively moved by human power or used exclusively upon stationary rails or tracks and excepting a mobile home. §257.79

Within-intersection crash

Traffic crash where the first harmful event occurs within the limits (corners) of the intersection. See At-intersection crash.

Sources: Motor Vehicle Code, ORV Act, Snowmobile Act, and National Safety Council Manual on Classification of Motor Vehicle Traffic Accidents.

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--|---------------------------|-----------------|-------|-------|
| 000001 | Sheridan Community Hospital | 301 N. Main Street | Sheridan | MI | 48884 |
| 020010 | Munising Memorial Hospital | 1500 Sand Point Road | Munising | MI | 49862 |
| 030010 | Allegan General Hospital | 555 Linn St. | Allegan | MI | 49010 |
| 030030 | Borgess PIPP Health Center | 411 Naomi Street | Plainwell | MI | 49080 |
| 040010 | Alpena General Hospital | 1501-1511 W. Chisholm | Alpena | MI | 49707 |
| 060020 | Standish Community Hospital | 805 W. Cedar Street | Standish | MI | 48658 |
| 070020 | Baraga County Memorial Hospital | 770 N. Main Street | L'Anse | MI | 49946 |
| 080010 | Pennock Hospital | 1009 W. Green Street | Hastings | MI | 49058 |
| 090010 | Bay Special Care | 3250 E. Midland Road | Bay City | MI | 48706 |
| 090020 | Bay Regional Medical Center West | 3250 E. Midland Road | Bay City | MI | 48706 |
| 090050 | Bay Regional Medical Center | 1900 Columbus Avenue | Bay City | MI | 48708 |
| 090051 | Samaritan Health Center | 713 Ninth Street | Bay City | MI | 48708 |
| 100020 | Paul Oliver Memorial Hospital | 224 Park Avenue | Frankfort | MI | 49635 |
| 110040 | Community Hospital | 400 Medical Park Drive | Watervliet | MI | 49098 |
| 110050 | Lakeland Hospital, St. Joseph | 1234 Napier Avenue | St. Joseph | MI | 49085 |
| 110070 | Lakeland Hospital - Niles | 31 N. St. Joseph Avenue | Niles | MI | 49120 |
| 110080 | Lakeland Speciality Hospital | 6418 Deans Hill Road | Berrien Center | MI | 49102 |
| 120010 | Community Health Ctr. Of Branch Co. | 274 E. Chicago Street | Coldwater | MI | 49036 |
| 130030 | Fieldstone Ctr. Of Battle Creek Health | 165 N. Washington Avenue | Battle Creek | MI | 49016 |
| 130031 | Battle Creek Health System | 300 North Avenue | Battle Creek | MI | 49016 |
| 130080 | Oaklawn Hospital | 200 N. Madison Street | Marshall | MI | 49068 |
| 130100 | Southwestern Michigan Rehab Hospital | 183 West Street | Battle Creek | MI | 49017 |
| 130111 | Select Specialty Hospital-Battle Creek | 300 North Avenue, Floor 6 | Battle Creek | MI | 49016 |
| 140010 | Lee Memorial Hospital | 420 W. High Street | Dowagiac | MI | 49047 |
| 150020 | Charlevoix Area Hospital | 14700 Lake Shore Drive | Charlevoix | MI | 49720 |
| 160020 | Cheboygan Memorial Hospital | 748 S. Main Street | Cheboygan | MI | 49721 |
| 170020 | Chippewa Co. War Memorial Hospital | 500 Osborn Boulevard | Sault St. Marie | MI | 49783 |
| 180010 | MidMichigan Medical Center-Clare | 104 W. Sixth Street | Clare | MI | 48617 |
| 190010 | Clinton Memorial Hospital | 805 S. Oakland Street | St. Johns | MI | 48879 |
| 200020 | Mercy Hospital - Grayling | 1100 Michigan Avenue | Grayling | MI | 49738 |
| 210010 | St. Francis Hospital | 3401 Ludington Street | Esanaba | MI | 49829 |
| 220020 | Dickinson County Memorial Hospital | 1721 S. Stephenson Ave. | Iron Mountain | MI | 49801 |

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--|-----------------------------|---------------|-------|-------|
| 230010 | Eaton Rapids Medical Center | 1500 S. Main Street | Eaton Rapids | MI | 48827 |
| 230020 | Hayes Green Beach Memorial Hospital | 321 E. Harris | Charlotte | MI | 48813 |
| 240030 | Northern Michigan Hospital | 416 Connable Avenue | Petoskey | MI | 49770 |
| 250040 | Hurley Medical Center | One Hurley Plaza | Flint | MI | 48502 |
| 250050 | McLaren Regional Medical Center | 401 S. Ballenger Highway | Flint | MI | 48532 |
| 250071 | Select Specialty Hospital-Flint | One Hurley Plaza, Suite 115 | Flint | MI | 48503 |
| 250072 | Genesys Reg. Medical Ctr.-Health Park | One Genesys Parkway | Grand Blanc | MI | 48439 |
| 260010 | MidMichigan Medical Center-Gladwin | 515 S. Quarter Street | Gladwin | MI | 48624 |
| 270020 | Grand View Hospital | N10561 Grand View Lane | Ironwood | MI | 49938 |
| 280010 | Munson Medical Center | 1105 Sixth Street | Traverse City | MI | 49684 |
| 290010 | Gratiot Community Hospital | 300 E. Warwick Drive | Alma | MI | 48801 |
| 300010 | Hillsdale Community Health Center | 168 S. Howell Street | Hillsdale | MI | 49242 |
| 310010 | Keweenaw Memorial Medical Center | 205 Osceola Street | Laurium | MI | 49913 |
| 310020 | Portage Health System | 500 Campus Drive | Hancock | MI | 49930 |
| 320020 | Huron Medical Center | 1100 S. Van Dyke | Bad Axe | MI | 48413 |
| 320030 | Scheurer Hospital | 170 N. Caseville Road | Pigeon | MI | 48755 |
| 320040 | Harbor Beach Community Hospital | 210 S. First Street | Harbor Beach | MI | 48441 |
| 330010 | Ingham Regional Medical Center | 2727 S. Pennsylvania Avenue | Lansing | MI | 48910 |
| 330020 | Ingham Regional Medical Center | 401 W. Greenlawn Avenue | Lansing | MI | 48910 |
| 330050 | Sparrow Health Sys-St. Lawrence Campus | 1210 W. Saginaw | Lansing | MI | 48915 |
| 330060 | Edward W. Sparrow Hospital | 1215 E. Michigan Avenue | Lansing | MI | 48912 |
| 340020 | Ionia County Memorial Hospital | 479 Lafayette Street | Ionia | MI | 48846 |
| 350010 | Tawas St. Joseph Hospital | 200 Hemlock | Tawas City | MI | 48764 |
| 360020 | Iron County General Hospital | 1400 W. Ice Lake Road | Iron River | MI | 49935 |
| 370010 | Central Michigan Community Hospital | 1221 South Drive | Mt. Pleasant | MI | 48858 |
| 380010 | W.A. Foote Memorial Hospital | 205 N. East Avenue | Jackson | MI | 49201 |
| 380030 | Doctors Hospital of Jackson | 110 N. Elm Street | Jackson | MI | 49202 |
| 390010 | Borgess Medical Center | 1521 Gull Road | Kalamazoo | MI | 49048 |
| 390020 | Bronson Methodist Hospital | 601 John Street | Kalamazoo | MI | 49007 |
| 390030 | Bronson Vicksburg Hospital | 13326 North Boulevard | Vicksburg | MI | 49097 |
| 390031 | Sempercare Hospital at Bronson, Inc | 601 John Street | Kalamazoo | MI | 49007 |
| 400020 | Kalkaska Memorial Health Center | 419 S. Coral Street | Kalkaska | MI | 49646 |

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--|-----------------------------|------------------|-------|-------|
| 410010 | Spectrum Health - Blodgett Campus | 1840 Wealthy S.E. | Grand Rapids | MI | 49506 |
| 410040 | Spectrum Health - Butterworth Campus | 100 Michigan St., N.E. | Grand Rapids | MI | 49503 |
| 410060 | Metropolitan Hospital | 1919 Boston Street S.E. | Grand Rapids | MI | 49506 |
| 410070 | Mary Free Bed Hospital & Rehab Center | 235 Wealthy Street, S.E. | Grand Rapids | MI | 49503 |
| 410080 | Saint Mary's Mercy Medical Center | 200 Jefferson S.E. | Grand Rapids | MI | 49503 |
| 410090 | Spectrum Health - Kent Comm. Campus | 750 Fuller Avenue, N.E. | Grand Rapids | MI | 49503 |
| 440010 | Lapeer Regional Hospital | 1375 N. Main Street | Lapeer | MI | 48446 |
| 450020 | Leelanau Memorial Health Center | 215 S. High Street | Northport | MI | 49670 |
| 460020 | Emma L. Bixby Medical Center | 818 Riverside Avenue | Adrian | MI | 49221 |
| 460030 | Herrick Memorial Hospital | 500 E. Pottawatamie | Tecumseh | MI | 49286 |
| 470010 | Brighton Hospital | 12851 Grand River | Brighton | MI | 48116 |
| 470020 | Saint Joseph Mercy Livingston Hospital | 620 Byron Road | Howell | MI | 48843 |
| 480020 | Helen Newberry Joy Hospital | 502 W. Harrie Street | Newberry | MI | 49868 |
| 490030 | Mackinac Straits Hospital | 220 Burdette Street | St. Ignace | MI | 49781 |
| 500020 | Bi-County Community Hospital | 13355 E. Ten Mile Road | Warren | MI | 48089 |
| 500030 | St. John North Shores Hospital | 26755 Ballard Road | Harrison Twp. | MI | 48045 |
| 500060 | Mount Clemens General Hospital | 1000 Harrington Boulevard | Mt. Clemens | MI | 48043 |
| 500070 | St. John Macomb Hospital | 11800 E. Twelve Mile Road | Warren | MI | 48093 |
| 500080 | St. Joseph's Mercy Hospital & Health | 215 North Avenue | Mt. Clemens | MI | 48043 |
| 500100 | Kern Hospital and Medical Center | 21230 Dequindre | Warren | MI | 48091 |
| 500110 | St. Joseph's Mercy Hospital & Hlth Service | 15855 Nineteen Mile Road | Clinton Township | MI | 48038 |
| 500111 | Select Specialty Hospital-Macomb County | 215 North Avenue, Suite 200 | Mt. Clemens | MI | 48043 |
| 510020 | West Shore Medical Center | 1465 E. Parkdale Avenue | Manistee | MI | 49660 |
| 520010 | Bell Memorial Hospital | 101 S. Fourth Street | Ishpeming | MI | 49849 |
| 520050 | Marquette General Hospital | 420 W. Magnetic Street | Marquette | MI | 49855 |
| 530010 | Memorial Medical Center of West Michigan | One Atkinson Drive | Ludington | MI | 49431 |
| 540030 | Mecosta County General Hospital | 405 Winter | Big Rapids | MI | 49307 |
| 560020 | MidMichigan Medical Center-Midland | 4005 Orchard Drive | Midland | MI | 48670 |
| 580030 | Mercy Memorial Hospital | 718 N. Macomb Street | Monroe | MI | 48161 |
| 590010 | Carson City Hospital | 406 E. Elm Street | Carson City | MI | 48811 |
| 590050 | Kelsey Memorial Hospital | 418 Washington Avenue | Lakeview | MI | 48850 |
| 590060 | United Memorial Hospital & LTCU | 615 S. Bower Street | Greenville | MI | 48838 |

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--|--------------------------------|-------------------|-------|-------|
| 610010 | Hackley Hospital | 1700 Clinton Street | Muskegon | MI | 49443 |
| 610020 | Mercy General Health Partners | 1500 E. Sherman Boulevard | Muskegon | MI | 49443 |
| 610030 | Mercy General Health Partners | 1700 Oak Avenue | Muskegon | MI | 49442 |
| 610051 | Select Specialty Hospital-Western Michigan | 1700 Clinton Street, Two South | Muskegon | MI | 49443 |
| 610052 | Lifecare Hospitals of Western Michigan | 1700 Oak Avenue | Muskegon | MI | 49442 |
| 620010 | Gerber Memorial Hospital | 212 South Sullivan Street | Fremont | MI | 49412 |
| 630013 | Great Lakes Rehabilitation Hospital | 22401 Foster Winter Drive | Southfield | MI | 48075 |
| 630014 | Huron Valley - Sinai Hospital | 1 William Carls Drive | Commerce Township | MI | 48382 |
| 630030 | William Beaumont Hospital | 3601 W. Thirteen Mile Road | Royal Oak | MI | 48073 |
| 630050 | Botsford General Hospital | 28050 Grand River Avenue | Farmington Hills | MI | 48336 |
| 630060 | The Orthopaedic Specialty Hospital | 30671 Stephenson Highway | Madison Heights | MI | 48071 |
| 630070 | Crittenton Hospital | 1101 W. University Drive | Rochester | MI | 48307 |
| 630080 | St. John Oakland Hospital | 27351 Dequindre | Madison Heights | MI | 48071 |
| 630110 | North Oakland Medical Centers | 461 West Huron | Pontiac | MI | 48341 |
| 630120 | Pontiac Osteopathic Hospital | 50 N. Perry Street | Pontiac | MI | 48058 |
| 630130 | Providence Hospital | 16001 W. Nine Mile Road | Southfield | MI | 48037 |
| 630140 | St. Joseph Mercy Oakland | 44405 Woodward Avenue | Pontiac | MI | 48341 |
| 630150 | Straith Hospital for Special Surgery | 23901 Lahser Road | Southfield | MI | 48034 |
| 630160 | William Beaumont Hospital - Troy | 44201 Dequindre | Troy | MI | 48085 |
| 630172 | Select Specialty Hospital-Pontiac | 44405 Woodward Ave., 8th Floor | Pontiac | MI | 48341 |
| 640020 | Lakeshore Community Hospital | 72 S. State Street | Shelby | MI | 49455 |
| 650010 | West Branch Regional Medical Center | 2463 South M-30 | West Branch | MI | 48661 |
| 660020 | Ontonagon Memorial Hospital | 601 Seventh Street | Ontonagon | MI | 49953 |
| 670020 | Spectrum Health - Reed City Campus | 300 N. Patterson Road | Reed City | MI | 49677 |
| 690020 | Otsego Memorial Hospital | 825 N. Center Street | Gaylord | MI | 49735 |
| 700010 | North Ottawa Community Hospital | 1309 Sheldon Road | Grand Haven | MI | 49417 |
| 700020 | Holland Community Hospital | 602 Michigan Avenue | Holland | MI | 49423 |
| 700030 | Zeeland Community Hospital | 100 South Pine Street | Zeeland | MI | 49464 |
| 710030 | Rogers City Rehabilitation Hospital | 555 North Bradley Highway | Rogers City | MI | 49779 |
| 730020 | Covenant Medical Center -N. Harrison | 1447 N. Harrison | Saginaw | MI | 48602 |
| 730030 | Covenant Medical Center-N. Michigan | 515 N. Michigan Avenue | Saginaw | MI | 48602 |
| 730050 | St. Mary's Medical Center | 830 S. Jefferson | Saginaw | MI | 48601 |

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--------------------------------------|------------------------------------|---------------|-------|-------|
| 730060 | Healthsource Saginaw | 3340 Hospital Road | Saginaw | MI | 48608 |
| 730061 | Covenant Medical Centers, Inc. | 700 Cooper Avenue | Saginaw | MI | 48602 |
| 730062 | Select Specialty Hospital-Saginaw | 1447 N. Harrison | Saginaw | MI | 48602 |
| 740010 | Mercy Hospital | 2601 Electric Avenue | Port Huron | MI | 48060 |
| 740020 | Port Huron Hospital | 1221 Pine Grove Avenue | Port Huron | MI | 48060 |
| 740030 | St. John River District Hospital | 4100 S. River Road | East China | MI | 48054 |
| 750010 | Sturgis Hospital | 916 Myrtle Street | Sturgis | MI | 49091 |
| 750020 | Three Rivers Area Hospital | 1111 W. Broadway | Three Rivers | MI | 49093 |
| 760010 | Deckerville Community Hospital | 3559 Pine Street | Deckerville | MI | 48427 |
| 760030 | McKenzie Memorial Hospital | 120 Delaware Street | Sandusky | MI | 48471 |
| 760040 | Marlette Community Hospital | 2770 Main Street | Marlette | MI | 48453 |
| 770010 | Schoolcraft Memorial Hospital | 500 Main Street | Manistique | MI | 49854 |
| 780010 | Memorial Healthcare Center | 826 W. King Street | Owosso | MI | 48867 |
| 790010 | Caro Community Hospital | 401 N. Hooper Street | Caro | MI | 48723 |
| 790030 | Hills and Dales General Hospital | 4675 Hill Street | Cass City | MI | 48726 |
| 800020 | South Haven Community Hospital | 955 S. Bailey Avenue | South Haven | MI | 49090 |
| 800030 | Lakeview Community Hospital | 408 Hazen Street | Paw Paw | MI | 49079 |
| 810010 | Forest Health Medical Center | 135 S. Prospect | Ypsilanti | MI | 48198 |
| 810030 | St. Joseph Mercy Hospital | 5301 E. Huron River Drive | Ann Arbor | MI | 48106 |
| 810040 | Saint Joseph Mercy Saline Hospital | 400 W. Russell | Saline | MI | 48176 |
| 810060 | University of Michigan Health System | 1500 E. Medical Center Drive | Ann Arbor | MI | 48109 |
| 810080 | Chelsea Community Hospital | 775 S. Main Street | Chelsea | MI | 48118 |
| 810083 | Select Specialty Hospital-Ann Arbor | 5301 E. Huron River Dr., 6th Floor | Ypsilanti | MI | 48197 |
| 820010 | Oakwood Annapolis Hospital | 33155 Annapolis | Wayne | MI | 48184 |
| 820030 | Bon Secours Hospital | 468 Cadieux Road | Grosse Pointe | MI | 48230 |
| 820040 | Cottage Hospital | 159 Kercheval Avenue | Grosse Pointe | MI | 48236 |
| 820070 | Garden City Hospital | 6245 N. Inkster Road | Garden City | MI | 48135 |
| 820120 | Oakwood Hospital and Medical Center | 18101 Oakwood Blvd. | Dearborn | MI | 48123 |
| 820130 | Kindred Hospital - Detroit | 26400 Outer Drive | Lincoln Park | MI | 48146 |
| 820170 | Oakwood Southshore Medical Center | 5450 Fort Street | Trenton | MI | 48183 |
| 820190 | St. Mary Mercy Hospital | 36475 Five Mile Road | Livonia | MI | 48154 |
| 820230 | Henry Ford Wyandotte Hospital | 2333 Biddle Avenue | Wyandotte | MI | 48192 |

APPENDIX E
HOSPITAL CODE LISTING

| Facility Number | Name | Address | City | State | Zip |
|-----------------|--|-----------------------------|--------------|-------|-------|
| 820250 | Oakwood Heritage Hospital | 10000 Telegraph Road | Taylor | MI | 48180 |
| 820272 | Select Specialty Hospital-Wyandotte | 2333 Biddle Avenue | Wyandotte | MI | 48192 |
| 830034 | St. John Detroit Riverview Hospital | 7733 E. Jefferson | Detroit | MI | 48214 |
| 830080 | Children's Hospital of Michigan | 3901 Beaubien Boulevard | Detroit | MI | 48201 |
| 830190 | Henry Ford Hospital | 2799 W. Grand Boulevard | Detroit | MI | 48202 |
| 830220 | Harper University Hospital | 3990 John R | Detroit | MI | 48201 |
| 830230 | St. John Northeast Community Hospital | 4777 E. Outer Drive | Detroit | MI | 48234 |
| 830240 | Harper-Hutzel Hospital | 4707 St. Antoine | Detroit | MI | 48201 |
| 830390 | Renaissance Hospital and Medical Ctrs | 801 Virginia Park | Detroit | MI | 48202 |
| 830410 | Rehabilitation Institute of Michigan | 261 Mack Boulevard | Detroit | MI | 48201 |
| 830420 | St. John Hospital & Medical Center | 22101 Moross Road | Detroit | MI | 48236 |
| 830440 | St. John Gratiot Center | 15000 Gratiot Avenue | Detroit | MI | 48205 |
| 830450 | Sinai - Grace Hospital | 6071 West Outer Drive | Detroit | MI | 48235 |
| 830490 | United Community Hospital | 2401 20th Street | Detroit | MI | 48216 |
| 830500 | Detroit Receiving Hosp & Univ. Health | 4201 St. Antoine | Detroit | MI | 48201 |
| 830520 | Kindred Hospital - Metro Detroit | 2700 Martin Luther King Jr. | East Detroit | MI | 48208 |
| 830521 | SCCI Hospital - Detroit | 15000 Gratiot | Detroit | MI | 48205 |
| 830523 | Select Specialty Hospital-NW Detroit | 6071 West Outer Drive | Detroit | MI | 48235 |
| 840010 | Mercy Hospital - Cadillac | 400 Hobart Street | Cadillac | MI | 49601 |
| | | | | | |
| MORGUE | Generic code for any morgue | | | | |
| OUTSTE | Generic code for any out of state hospital | | | | |
| | | | | | |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|-----------------------------|--------------------|
| County: | ALCONA | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 011001 | ALCONA COUNTY EMS | Harrisville |
| 011002 | GREENBUSH TWP VOL FIRE DEPT | Greenbush |
| 011004 | HUBBARD LAKE FIRE DEPT | Hubbard Lake |
| 011005 | LINCOLN FIRE DEPARTMENT | Lincoln |
| 011006 | SOUTH SHORE FIRE DEPT INC | Medical First |
| 011007 | ALCONA TWP FIRE DEPT | Black River |
| 011008 | CURRAN VOL FIRE DEPT | Curran |
| 011009 | MIKADO TWP VOL FIRE DEPT | Mikado |
| 011010 | BARTON CITY VOL F. D., INC. | Barton City |
| 011011 | HARRISVILLE/CITY OF | Harrisville |
| 011012 | CURTIS TWP. MEDICAL FIRST | Glennie |

| | | |
|-------------------------------|-----------------------------|--------------------|
| County: | ALGER | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 021001 | ALGER COUNTY SHERIFF DEPT | Munising |
| 021002 | BURT TWP AMBULANCE SERVICE | Grand Marais |
| 021003 | ALGER COUNTY FIRST RESPONSE | Munising |

| | | |
|-------------------------------|-----------------------------|--------------------|
| County: | ALLEGAN | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 031004 | WAYLAND AREA EMERGENCY | Wayland |
| 031007 | ALLEGAN E.M.S., INC. | Allegan |
| 031009 | GRAAFSCHAP FIRE DEPARTMENT | Holland |
| 031010 | HAMILTON FIRE DEPARTMENT | Hamilton |
| 031011 | OTSEGO FIRE DEPT & RESCUE | Otsego |
| 031014 | SAUGATUCK TWP FIRE DEPT | Saugatuck |
| 031015 | LEE TOWNSHIP E.M.S. | Pullman |
| 031016 | OVERISEL TWP FIRE DEPT | Holland |
| 031018 | PLAINWELL PUBLIC SAFETY | Plainwell |
| 031019 | BORGESS MEDICAL CENTER | Advanced |
| 031020 | GANGES FIRST RESPONDERS | Fennville |

| | | |
|-------------------------------|-------------------------------|--------------------|
| County: | ALPENA | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 041002 | ALPENA/CITY OF | Alpena |
| 041003 | GREEN TWP FIRE DEPT | Lachine |
| 041004 | LONG RAPIDS TWP FIRE DEPT/RES | Medical First |
| 041005 | MAPLE RIDGE TWP FIRE DEPT | Alpena |
| 041006 | SANBORN TWP FIRE DEPT | Ossineke |
| 041007 | WILSON TWP FIRE-RESCUE | Alpena |
| 041008 | ALPENA CRTC/DEF | Alpena |

| | | |
|-------------------------------|-----------------------------|--------------------|
| County: | ANTRIM | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 051005 | ELK RAPIDS,TWP. OF | Elk Rapids |
| 051006 | BANKS TWP FIRE & RESCUE | Ellsworth |
| 051007 | ALBA FIRE DEPARTMENT | Alba |
| 051008 | CENTRAL LAKE TWP FIRE DEPT | Central Lake |
| 051011 | BELLAIRE FIRE & RESCUE | Bellaire |
| 051012 | TORCH LAKE TWP EMS | Eastport |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|---------------------------------|--------------------|
| 051013 | MANCELONA FIRE DEPARTMENT | Mancelona |
| County: BARAGA | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 071001 | BAY AMBULANCE, INC. | Baraga |
| 071002 | COVINGTON TOWNSHIP | Watton |
| 071003 | PELKIE VOL. FIRE DEPT. | Pelkie |
| County: BARRY | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 081002 | CASTLETON-MAPLE | Nashville |
| 081004 | THORNAPPLE TOWNSHIP | Middleville |
| 081006 | JOHNSTOWN TWP FIRE DEPT | Battle Creek |
| 081007 | PRAIRIEVILLE TWP/PINE LAKE F.D. | Delton |
| 081008 | FREEPORT AREA VOL FIRE DEPT | Freeport |
| County: BAY | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 091001 | BAY MEDICAL CENTER | Bay City |
| 091002 | NORTHERN BAY AMB SERV | Pinconning |
| 091003 | BANGOR TWP FIRE DEPT | Bay City |
| 091006 | MONITOR, CHARTER TWP OF | Medical First |
| 091009 | GARFIELD TWP. VOL. FIRE DEPT | Linwood |
| 091010 | HAMPTON TWP FIRE DEPT | Essexville |
| 091011 | KAWKAWLIN TWP FIRE DEPT. | Kawkawlin |
| 091012 | MT. FOREST TWP FIRE DEPT | Pinconning |
| 091015 | PORTSMOUTH TWP FIRE DEPT | Bay City |
| 091016 | BAY CITY FIRE DEPARTMENT | Basic |
| 091017 | AUBURN-WILLIAMS FIRE DIST | Auburn |
| 091018 | BEAVER TWP. FIRE DEPT. | Basic |
| 091019 | MERRITT TWP FIRE DEPT | Munger |
| 091020 | ESSEXVILLE PUBLIC SAFETY | Essexville |
| County: BENZIE | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 101001 | BENZIE COUNTY AMB SERV | Beulah |
| 101002 | THOMPSONVILLE AMB SERV | Thompsonville |
| 101004 | ALMIRA TOWNSHIP | Lake Ann |
| 101005 | BENZONIA TWP FIRE DEPT RESCUE | Benzonia |
| 101006 | FRANKFORT, CITY OF FIRE DEPT | Frankfort |
| County: BERRIEN | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 111001 | CHIKAMING TWP AMB SERV | Lakeside |
| 111002 | COLOMA EMERGENCY | Coloma |
| 111003 | MEDIC I-COMM EMG SERV INC | Benton Harbor |
| 111006 | HAGAR TWP. FIRE DEPARTMENT | Riverside |
| 111009 | S.W. MI COMMUNITY AMB SERVICE | Niles |
| 111010 | THREE OAKS EMERGENCY | Three Oaks |
| 111011 | WEESAW TWP AMB SERVICE | New Troy |
| 111012 | EAU CLAIRE FIRE DEPARTMENT | Eau Claire |
| 111013 | BRIDGMAN FIRE/RESCUE | Bridgman |
| 111014 | LINCOLN TWP POLICE DEPT | Stevensville |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|-----------------------------|--------------------|
| 111015 | LAKE CHARTER TOWNSHIP | Bridgman |
| County: BRANCH | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 121001 | SOUTHERN MICHIGAN REG AMB | Coldwater |
| 121003 | QUINCY FIRE DEPARTMENT | Quincy |
| 121004 | COLDWATER FIRE DEPARTMENT | Coldwater |
| County: CALHOUN | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 131005 | MARSHALL F.F. AMB SERV INC | Marshall |
| 131006 | LIFECARE AMBULANCE SERVICE | Battle Creek |
| 131007 | BATTLE CREEK FIRE DEPT | Medical First |
| 131010 | NEWTON TWP FIRE DEPT | Ceresco |
| 131013 | BURLINGTON TWP FIRE DEPT | Burlington |
| 131014 | ATHENS TOWNSHIP FIRE DEPT | Athens |
| 131015 | BATTLE CREEK ANG FIRE DEPT | Battle Creek |
| 131016 | TEKONSHA FIRE DEPARTMENT | Tekonsha |
| 131017 | PENNFIELD TWP FIRE DEPT | Battle Creek |
| 131019 | EMMETT TWP DEPT OF P.S. | Medical First |
| 131020 | SPRINGFIELD DEPT. OF P.S. | Springfield |
| 131021 | LEROY TWP | East Leroy |
| 131022 | Marshall Fire Department | Marshall |
| County: CASS | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 141001 | CASSOPOLIS AREA AMB SERV | Cassopolis |
| 141002 | DOWAGIAC VOL FIRE DEPT/AMB | Dowagiac |
| 141003 | EDWARDSBURG AMB SERVICE | Edwardsburg |
| 141004 | MARCELLUS AMBULANCE SERVICE | Marcellus |
| 141005 | NEWBERG FIRE DEPT | Jones |
| 141006 | PORTER TWP AMB SERVICE | Union |
| 141008 | POKAGON VOLUNTEER FIRE | Niles |
| County: CHARLEVOIX | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 151001 | BOYNE CITY, CITY OF | Boyne City |
| 151002 | CHARLEVOIX, CITY OF | Charlevoix |
| 151003 | EAST JORDAN AMB SERV | East Jordan |
| 151005 | BEAVER ISLAND EMS & RESCUE | Beaver Island |
| 151007 | HUDSON TWP FIRE DEPT | Elmira |
| 151008 | BOYNE VALLEY TWP FIRE DEPT | Boyne Falls |
| 151010 | MELROSE FIRE DEPT | Walloon Lake |
| County: CHEBOYGAN | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 161001 | MACKINAW CITY AMBULANCE | Mackinaw City |
| 161003 | CHEBOYGAN LIFE SUPPORT SYS | Cheboygan |
| 161004 | WOLVERINE FIRE DEPARTMENT | Wolverine |
| County: CHIPPEWA | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 171001 | BAY MILLS TWP AMB SERV | Brimley |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|--------|------------------------------|------------------|
| 171002 | DETOUR AMBULANCE CORPS | Detour Village |
| 171003 | DRUMMOND TOWNSHIP | Drummond Island |
| 171005 | KINROSS EMS | Kincheloe |
| 171006 | PICKFORD TWP. VOL. AMB. CORP | Pickford |
| 171007 | RUDYARD AMBULANCE CORPS | Rudyard |
| 171008 | SAULT STE MARIE FIRE DEPT | Sault Ste. Marie |
| 171009 | SUGAR ISLAND AMB CORPS | Basic |
| 171014 | HULBERT-CHIPPEWA AMB SERVICE | Eckerman |
| 171016 | SUPERIOR TWP AMBULANCE | Brimley |
| 171017 | WHITEFISH TWP. AMBULANCE | Paradise |
| 171018 | TROUT LAKE TOWNSHIP | Trout Lake |
| 171019 | BAY MILLS EMERGENCY | Brimley |

County: CLARE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|----------------------------|-------------|
| 181002 | UNITED RESCUE SERVICE | Harrison |
| 181004 | SURREY TWP FIRE DEPARTMENT | Farwell |
| 181005 | GARFIELD TWP FIRE DEPT | Lake |

County: CLINTON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|-----------------------------|-------------|
| 191001 | CLINTON AREA AMB SERV | St. Johns |
| 191002 | ELSIE AREA AMB SERV INC | Elsie |
| 191003 | OVID AREA AMBULANCE SERVICE | Ovid |
| 191004 | BATH TWP FIRE & RESCUE DEPT | Bath |
| 191005 | DALLAS TWP FIRE DEPT | Fowler |
| 191007 | DEWITT AREA FIRE & RESCUE | Dewitt |
| 191008 | CAPITAL CITY AIRPORT-DEPT | Lansing |
| 191009 | WESTPHALIA TWP FIRE DEPT | Westphalia |
| 191010 | DEWITT TWP FIRE DEPT | Dewitt |
| 191011 | CLINTON AREA FIRE & RESCUE | St. Johns |

County: CRAWFORD

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|------------------------|-------------|
| 201002 | FREDERIC TWP FIRE DEPT | Frederic |
| 201004 | SOUTH BRANCH TOWNSHIP | Roscommon |
| 201005 | LOVELLS TWP FIRE DEPT | Grayling |

County: DELTA

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|-----------------------------|-------------|
| 211001 | TRI-STAR EMS, INC. | Garden |
| 211002 | RAMPART E.M.S. INC | Escanaba |
| 211006 | MASONVILLE TWP EMS | Rapid River |
| 211007 | BALDWIN TWP F.D./FIRST RESP | Perkins |
| 211008 | ROCK COMMUNITY AMBULANCE | Rock |

County: DICKINSON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|------------------------|-------------|
| 221001 | NORDIC VOL AMB SERVICE | Foster City |
| 221003 | STAR VOLUNTEER | Channing |
| 221006 | INTERNATIONAL PAPER | Norway |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|-----------------------------|--------------------|
| County: | EATON | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 231002 | BENTON TWP FIRE DEPT | Pottersville |
| 231003 | DELTA TWP FIRE DEPT | Lansing |
| 231006 | HAYES GREEN BEACH MEM | Charlotte |
| 231007 | VERMONTVILLE TWP FIRE & EMS | Vermontville |
| 231008 | WINDSOR TWP EMERGENCY | Dimondale |
| 231012 | EATON RAPIDS TWP FIRE DEPT | Eaton Rapids |
| 231013 | OLIVET FIRE DEPARTMENT | Olivet |
| 231014 | ROXAND TWP FIRE DEPT | Mulliken |
| 231016 | HAMLIN TWP FIRE DEPT. | Eaton Rapids |
| 231017 | CHARLOTTE FIRE DEPARTMENT | Charlotte |
| 231018 | LIFE EMS OF LANSING L.L.C. | Lansing |
| 231019 | SUNFIELD FIRE DEPARTMENT | Sunfield |
| 231020 | BELLEVUE 1ST RESPONDER | Bellevue |
| 231021 | GRAND LEDGE AREA FIRE DEPT. | Grand Ledge |

| | | |
|-------------------------------|-------------------------------|--------------------|
| County: | EMMET | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 241006 | ALANSON-LITTLEFIELD FIRE DEPT | Alanson |
| 241008 | RESORT BEAR CREEK FIRE DEPT | Petoskey |
| 241010 | ALLIED EMS SYSTEMS, INC | Harbor Springs |
| 241011 | READMOND FRIENDSHIP FIRE | Medical First |
| 241012 | CARP LAKE FIRE DEPARTMENT | Carp Lake |

| | | |
|-------------------------------|-------------------------------|--------------------|
| County: | GENESEE | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 251001 | C M AMBULANCE INC | Clio |
| 251004 | HUDSON FUNERAL HOME, INC. | Otisville |
| 251007 | SWARTZ AMB SERVICE INC | Flint |
| 251008 | FLINT FIRE DEPT | Advanced |
| 251011 | GENESEE CO S.D. PARAMEDIC DIV | Advanced |
| 251020 | DAVISON-RICHFIELD FIRE DEPT | Davison |
| 251021 | FENTON TWP FIRE DEPT | Fenton |
| 251024 | MUNDY TWP FIRE DEPT | Swartz Creek |
| 251026 | FOREST TOWNSHIP | Otisville |
| 251027 | GAINES TWP FIRE DEPT | Gaines |
| 251029 | MONTROSE TWP FIRE DEPT | Montrose |
| 251031 | ATLAS TOWNSHIP FIRE DEPT | Goodrich |
| 251032 | ARGENTINE FIRE & RESCUE | Linden |
| 251033 | HANSEN E.M.S. | Davison |
| 251034 | REGIONAL EMS, INC. | Flint |
| 251035 | LINDEN FIRE DEPARTMENT | Linden |
| 251036 | FENTON, CITY OF, FIRE DEPT | Fenton |
| 251037 | BISHOP INTERN'T'L AIRPORT | Flint |
| 251038 | STAT EMS, LLC | Advanced |

| | | |
|-------------------------------|------------------------------|--------------------|
| County: | GLADWIN | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 261002 | CLEMENT TWP. FIRE DEPARTMENT | Gladwin |
| 261004 | SECORD TWP FIRE DEPT | Medical First |
| 261006 | BILLINGS TWP FIRE DEPT | Beaverton |
| 261007 | BUTMAN TWP FIRE DEPT | Gladwin |

APPENDIX F - AMBULANCE CODE LISTING**Facility List by County**

| | | |
|-------------------------------|-------------------------------|--------------------|
| 261008 | WILDWOOD FIRE DEPARTMENT | Alger |
| 261009 | BEAVERTON AREA FIRE | Beaverton |
| County: | GOGEBIC | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 271002 | MARENISCO AMB COMMITTEE | Marenisco |
| 271003 | WATERSMEET FIRE DEPT | Watersmeet |
| County: | GRAND | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 281001 | EAST BAY FIRE & RESCUE DEPT | Traverse City |
| 281002 | FIFE LAKE EMG RESCUE UNIT | Fife Lake |
| 281004 | BLAIR TOWNSHIP | Grawn |
| 281005 | GREEN LAKE TOWNSHIP | Interlochen |
| 281006 | KINGSLEY AREA EMG AMB SERV | Kingsley |
| 281007 | PENINSULA VOL FIRE DEPT | Traverse City |
| 281008 | WHITE WATER TOWNSHIP | Williamsburg |
| 281011 | NORTH FLIGHT, INC. | Traverse City |
| 281013 | TRAVERSE CITY FIRE DEPT | Advanced |
| 281015 | GRAND TRAVERSE METRO FIRE | Medical First |
| 281016 | GRAND TRAVERSE FIRE | Medical First |
| County: | GRATIOT | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 291005 | BRECKENRIDGE-WHEELER RES | Wheeler |
| 291006 | MID-MICH COMMUNITY FIRE DEPT | St. Louis |
| 291007 | MOBILE MEDICAL RESPONSE OF | Saginaw |
| 291008 | SUMNER/SEVILLE RESCUE | Shepherd |
| 291009 | ITHACA RESCUE | Ithaca |
| County: | HILLSDALE | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 301002 | READING EMERGENCY UNIT | Reading |
| 301005 | WRIGHT TWP AMB SERVICE | Waldron |
| 301006 | MOSCOW TWP FIRE & RESCUE | Moscow |
| 301008 | WOODBIDGE TWP FIRE & RESCUE | Frontier |
| 301009 | SOMERSET TWP FIRE DEPT | Somerset Center |
| 301012 | PITTSFORD-JEFFERSON FIRE DEPT | Pittsford |
| 301013 | HILLSDALE,CITY OF, FIRE DEPT | Hillsdale |
| 301014 | MONTGOMERY FIRE/RESCUE | Montgomery |
| County: | HOUGHTON | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 311002 | MERCY AMB SERVICE INC | Calumet |
| 311003 | CHASSELL MEDICAL FIRST RESPS | Chassell |
| 311004 | OTTER LAKE F.D. FIRST | Medical First |
| 311005 | BOOTJACK FIRE & RESCUE DEPT | Lake Linden |
| 311006 | ADAMS TWP. VOLUNTEER FIRE | South Range |
| County: | HURON | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 321001 | BINGHAM TOWNSHIP AMBULANCE | Ubyly |
| 321002 | EASTERN HURON AMB SERV | Harbor Beach |

APPENDIX F - AMBULANCE CODE LISTING**Facility List by County**

| | | |
|--------|-------------------------|-----------|
| 321003 | ELKTON, VILLAGE OF | Elkton |
| 321004 | SCHEURER HOSPITAL | Pigeon |
| 321005 | SEBEWAING TOWNSHIP | Sebewaing |
| 321007 | CENTRAL HURON AMBULANCE | Bad Axe |

County: INGHAM

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|------------------------------|--------------------|
| 331001 | DELHI TWP FIRE DEPT | Holt |
| 331002 | EAST LANSING FIRE DEPT | East Lansing |
| 331003 | LANSING FIRE DEPARTMENT | Lansing |
| 331004 | LANSING MERCY AMBULANCE | Advanced |
| 331005 | LESLIE AREA AMBULANCE SERV | Leslie |
| 331007 | MERIDIAN EMS/FIRE DEPT | Okemos |
| 331008 | STOCKBRIDGE AREA AMB INC | Stockbridge |
| 331009 | NORTHEAST INGHAM EMER. SERV. | Williamston |
| 331010 | INGHAM CO SHERIFF DEPT | Mason |
| 331012 | MASON AREA AMBULANCE | Advanced |
| 331013 | SPARROW HEALTH SYSTEM | Lansing |
| 331015 | INGHAM TWP FIRE & RESCUE | Dansville |
| 331017 | LANSING/TWP OF FIRE DEPT | Lansing |
| 331018 | ONONDAGA FIRE DEPARTMENT | Onondaga |
| 331019 | STOCKBRIDGE TOWNSHIP FIRE | Stockbridge |

County: IONIA

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|--------------------------------|--------------------|
| 341001 | BELDING AREA AMB SERV | Belding |
| 341005 | PORTLAND AREA AMB SERVICE | Portland |
| 341007 | LAKEWOOD COMMUNITY | Woodland |
| 341008 | SARANAC COMMUNITY VOL FIRE | Saranac |
| 341009 | LYONS-MUIR FIRE DEPT | Lyons |
| 341010 | PEWAMO FIRE DEPARTMENT | Pewamo |
| 341011 | CLARKSVILLE FIRE DEPT | Clarksville |
| 341012 | RONALD TWP VOL FIRE DEPT | Palo |
| 341013 | LIFE EMS OF IONIA COUNTY, INC. | Ionia |
| 341014 | LAKE ODESSA FIRE DEPT. | Lake Odessa |
| 341015 | HUBBARDSTON FIRE DEPT | Hubbardston |
| 341016 | BERLIN-ORANGE FIRE | Ionia |
| 341017 | IONIA DEPARTMENT OF PUBLIC | Medical First |

County: IOSCO

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 351003 | IOSCO COUNTY E.M.S. | East Tawas |
| 351005 | OSCODA AREA FIRST | Oscoda |
| 351006 | EAST TAWAS FIRE DEPARTMENT | East Tawas |
| 351007 | TAWAS CITY FIRE DEPT. | Tawas City |

County: IRON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-------------------------------|--------------------|
| 361001 | GREATER IRON COUNTY EMS, INC. | Iron River |

County: ISABELLA

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 371002 | FREMONT TWP FIRST RESPONSE | Blanchard |

APPENDIX F - AMBULANCE CODE LISTING**Facility List by County**

| | | |
|--------|------------------------------|--------------|
| 371003 | ISABELLA NORTHEAST FIRE DIST | Rosebush |
| 371004 | MT. PLEASANT FIRE DEPT | Mt. Pleasant |
| 371005 | SHEPHERD TRI-TWP FIRE DEPT | Shepherd |
| 371006 | MILLBROOK-ROLLAND FIRE DEPT | Blanchard |

County:**JACKSON****Facility Number****Facility Name****City**

| | | |
|--------|------------------------------|-----------------|
| 381003 | CONCORD FIRE DEPARTMENT | Concord |
| 381004 | BLACKMAN TWP DEPT OF P.S. | Jackson |
| 381007 | HANOVER TWP FIRE DEPT | Horton |
| 381009 | JACKSON CITY FIRE DEPARTMENT | Jackson |
| 381010 | LEONI TWP FIRE DEPT | Michigan Center |
| 381011 | SUMMIT TWP FIRE DEPT | Jackson |
| 381012 | COLUMBIA TWP FIRE DEPT | Brooklyn |
| 381013 | JACKSON COMMUNITY | Jackson |
| 381014 | RIVES-TOMPKINS FIRE DEPT. | Medical First |
| 381016 | GRASS LAKE FIRE DEPT | Grass Lake |
| 381017 | EMERGENCY MEDICINE | Jackson |
| 381018 | PULASKI TOWNSHIP FIRE | Hanover |
| 381019 | DUANE WATERS HOSPITAL | Jackson |

County:**KALAMAZOO****Facility Number****Facility Name****City**

| | | |
|--------|--------------------------------|---------------|
| 391010 | KALAMAZOO COUNTY AMBULANCE | Galesburg |
| 391012 | LIFE E.M.S. OF KALAMAZOO, INC. | Kalamazoo |
| 391013 | WEST MICHIGAN AIR CARE | Advanced |
| 391015 | CLIMAX TWP FIRE DEPT | Climax |
| 391016 | COOPER TWP FIRE DEPT | Kalamazoo |
| 391017 | ALAMO FIRE DEPARTMENT | Medical First |
| 391018 | COMSTOCK/TWP OF FIRE DEPT | Comstock |
| 391019 | KALAMAZOO/TWP OF/ FIRE DEPT | Kalamazoo |
| 391022 | OSHTMO FIRE DEPARTMENT | Medical First |
| 391023 | PARCHMENT FIRE DEPARTMENT | Parchment |
| 391024 | PAVILION TWP FIRE DEPT | Scotts |
| 391025 | TEXAS TOWNSHIP FIRE DEPT | Kalamazoo |
| 391027 | SOUTH COUNTY EMS | Vicksburg |
| 391028 | GALESBURG/CHARLESTON FIRE | Galesburg |
| 391029 | PORTAGE FIRE DEPARTMENT | Portage |
| 391030 | KALAMAZOO DEPT. OF PUBLIC | Kalamazoo |
| 391033 | PRO-TEC FIRE SERVICES, LTD | Green Bay |
| 391034 | SOUTH KALAMAZOO CO FIRE AUTH | Vicksburg |
| 391036 | PRIDE AMBULANCE SERVICE | Kalamazoo |

County:**KALKASKA****Facility Number****Facility Name****City**

| | | |
|--------|------------------------------|---------------|
| 401001 | KALKASKA MEMORIAL HEALTH | Kalkaska |
| 401002 | COLDSPRINGS-EXCELSIOR TWP | Basic |
| 401004 | CLEARWATER TOWNSHIP | Rapid City |
| 401005 | BEAR LAKE TWP FIRE DEPT | Kalkaska |
| 401006 | SAFETY FIRST | Medical First |
| 401007 | BLUE LAKE TWP. FIRE DEPT. OF | Mancelona |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

County: KENT

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|--------------------------------|--------------------|
| 411004 | ROCKFORD AMBULANCE INC | Rockford |
| 411005 | LIFE E.M.S. INC | Grand Rapids |
| 411010 | KENT COUNTY SHERIFF DEPT | Limited Advanced |
| 411012 | AERO MED AT SPECTRUM HEALTH | Advanced |
| 411013 | KENT CO DEPT OF AERONAUTICS | Basic |
| 411014 | ALPINE TOWNSHIP RESCUE | Comstock Park |
| 411016 | BYRON TWP FIRE DEPT | Byron Center |
| 411017 | CALEDONIA FIRE DEPARTMENT | Caledonia |
| 411018 | CASCADE TWP FIRE DEPT | Grand Rapids |
| 411019 | CEDAR SPRINGS FIRE DEPT | Cedar Springs |
| 411020 | COURTLAND FIRE DEPARTMENT | Rockford |
| 411021 | CUTLERVILLE FIRE DEPARTMENT | Grand Rapids |
| 411022 | DUTTON FIRE DEPARTMENT | Dutton |
| 411023 | EAST GRAND RAPIDS DEPT OF P.S. | East Grand Rapids |
| 411024 | MERCY AMB OF WEST MICH, INC | Grand Rapids |
| 411026 | ADA TWP FIRE DEPT | Ada |
| 411027 | ALGOMA TWP FIRE DEPT | Rockford |
| 411030 | GRAND RAPIDS FIRE DEPT | Grand Rapids |
| 411031 | GRAND RAPIDS TWP FIRE DEPT | Medical First |
| 411032 | GRATTAN FIRE DEPARTMENT | Belding |
| 411035 | KENTWOOD FIRE DEPARTMENT | Kentwood |
| 411036 | LOWELL AREA FIRE DEPARTMENT | Lowell |
| 411037 | OAKFIELD TWP FIRE DEPT | Rockford |
| 411038 | PLAINFIELD TWP FIRE DEPT | Belmont |
| 411040 | SAND LAKE FIRE DEPT | Sand Lake |
| 411041 | SOLOM TWP FIRE DEPARTMENT | Cedar Springs |
| 411042 | SPARTA FIRE DEPARTMENT | Sparta |
| 411043 | SPENCER TWP FIRE DEPARTMENT | Gowen |
| 411044 | WALKER CITY POLICE DEPT | Walker |
| 411045 | WYOMING CITY FIRE DEPT | Wyoming |
| 411046 | WALKER FIRE DEPARTMENT | Walker |
| 411047 | BOWNE TWP FIRE DEPT | Alto |
| 411048 | STEELCASE, INC. | Grand Rapids |
| 411049 | CANNON TWP FIRE DEPARTMENT | Rockford |
| 411050 | GRANDVILLE, CITY OF | Grandville |
| 411051 | ROCKFORD FIRE DEPARTMENT | Rockford |
| 411052 | KENT CITY-TYRONE TWP | Kent City |

County: KEWEENAW

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 421001 | ALLOUEZ TWP F D FIRST RESPS | Mohawk |
| 421002 | KEWEENAW SHERIFF DEPT FIRST | Eagle River |

County: LAKE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 431003 | LUTHER FIRE DISTRICT | Luther |
| 431004 | LAKE TWP FIRE & RESCUE DEPT | Baldwin |
| 431005 | WEBBER TWP RESCUE SQUAD | Medical First |
| 431006 | SAUBLE-ELK-EDEN TWPS. F.D. | Irons |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

County: LAPEER

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|-------------------------------|---------------|
| 441001 | DRYDEN TWP FIRE DEPT/1ST RESP | Dryden |
| 441002 | LAPEER COUNTY E.M.S. | Lapeer |
| 441005 | MARATHON TWP FIRST | Columbiaville |
| 441007 | DEERFIELD TWP FIRST | North Branch |
| 441008 | METAMORA TWP FIRE & RESCUE | Metamora |
| 441009 | BURLINGTON TWP FIRE DEPT | Clifford |
| 441010 | DEERFIELD AMBULANCE | North Branch |
| 441011 | HADLEY TWP. FIRE DEPARTMENT | Hadley |

County: LEELANAU

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|----------------------------|---------------|
| 451001 | CEDAR FIRE DEPARTMENT | Cedar |
| 451002 | GLEN ARBOR TWP FIRE DEPT | Glen Arbor |
| 451003 | LEELANAU MEMORIAL HEALTH | Northport |
| 451004 | LELAND TOWNSHIP | Leland |
| 451005 | SUTTONS BAY-BINGHAM FIRE & | Suttons Bay |
| 451007 | ELMWOOD TWP FIRE/RESCUE | Traverse City |

County: LENAWE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|--------------------------------|-------------|
| 461001 | ADDISON FIRE DEPT | Addison |
| 461002 | DEERFIELD TWP FIRE DEPT | Deerfield |
| 461004 | MADISON TWP FIRE DEPT | Adrian |
| 461006 | RAISIN TWP FIRE DEPT | Tecumseh |
| 461007 | RIGA TOWNSHIP AMB SERV | Riga |
| 461008 | PALMYRA TWP FIRE DEPT | Palmyra |
| 461009 | BLISSFIELD TWP FIRE DEPT | Blissfield |
| 461010 | FAIRFIELD TWP FIRE DEPT | Weston |
| 461011 | SAND LAKE VOL. FIRE DEPT | Tipton |
| 461012 | CAMBRIDGE TOWNSHIP | Onsted |
| 461013 | ADRIAN TOWNSHIP FIRE DEPT | Adrian |
| 461014 | CLINTON FIRE DEPARTMENT | Clinton |
| 461018 | HUDSON/CITY OF/FIRE DEPT & AMB | Hudson |
| 461021 | RIDGEWAY TWP FIRE DEPT | Britton |
| 461022 | TECUMSEH FIRE DEPARTMENT | Tecumseh |
| 461023 | ADRIAN FIRE DEPARTMENT | Adrian |
| 461024 | CLAYTON FIRE DEPARTMENT | Clayton |
| 461025 | MORENCI AREA EMS | Morenci |

County: LIVINGSTON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|------------------------|-----------------------------|-------------|
| 471001 | LIVINGSTON COUNTY AMB SERV | Howell |
| 471003 | BRIGHTON AREA FIRE | Brighton |
| 471004 | FOWLerville FIRE DEPARTMENT | Fowlerville |
| 471005 | GREEN OAK TWP FIRE DEPT | Brighton |
| 471006 | HAMBURG TWP FIRE DEPARTMENT | Hamburg |
| 471007 | HOWELL AREA FIRE DEPT | Howell |
| 471009 | UNADILLA TWP FIRE DEPT | Gregory |
| 471010 | HARTLAND FIRE DEPARTMENT | Hartland |
| 471011 | PUTNAM TOWNSHIP FIRE DEPT. | Pinckney |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

County: LUCE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 481001 | LUCE COUNTY AMB SERV | Newberry |

County: MACKINAW

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|------------------------------|--------------------|
| 491001 | CLARK TWP VOL AMBULANCE | Cedarville |
| 491003 | GARFIELD TWP AMBULANCE | Engadine |
| 491005 | PORTAGE TWP AMBULANCE | Curtis |
| 491007 | HENDRICKS TWP FIRST RESPONSE | Naubinway |
| 491008 | NEWTON TOWNSHIP | Gould City |

County: MACOMB

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-------------------------------|--------------------|
| 501002 | BRUCE TWP FIRE DEPT. | Romeo |
| 501004 | EASTPOINTE FIRE & RESCUE | Eastpointe |
| 501005 | FRASER DEPT OF PUBLIC SAFETY | Fraser |
| 501006 | HARRISON TWP FIRE DEPT | Harrison Township |
| 501009 | ROSEVILLE FIRE DEPARTMENT | Roseville |
| 501011 | ST CLAIR SHORES FIRE DEPT | St. Clair Shores |
| 501012 | SHELBY TWP FIRE DEPT | Shelby Township |
| 501013 | UNIVERSAL-MACOMB AMB SERV. | Sterling Heights |
| 501014 | UTICA FIRE DEPARTMENT | Utica |
| 501015 | WARREN FIRE DEPARTMENT | Warren |
| 501016 | WASHINGTON TWP FIRE DEPT | Washington |
| 501019 | ARMADA FIRE DEPT E.M.S. | Armada |
| 501020 | RICHMOND/LENOX EMS AMB AUTH | Richmond |
| 501021 | STERLING HEIGHTS FIRE DEPT. | Sterling Heights |
| 501023 | CHESTERFIELD/TWP OF FIRE DEPT | Chesterfield |
| 501024 | CLINTON TWP FIRE/RESCUE DEPT | Clinton Township |
| 501027 | MACOMB TWP FIRE DEPT | Macomb |
| 501028 | MOUNT CLEMENS FIRE DEPT | Mount Clemens |
| 501030 | RICHMOND VOL FIRE DEPT | Richmond |
| 501034 | NEW BALTIMORE FIRE DEPT | New Baltimore |
| 501035 | MEDSTAR AMBULANCE | Mount Clemens |
| 501036 | NEW HAVEN FIRE DEPARTMENT | New Haven |
| 501037 | RAY TOWNSHIP FIRE & RESCUE | Ray |
| 501038 | LENOX TWP FIRE DEPT | Lenox |
| 501039 | LAKESIDE MALL | Sterling Heights |

County: MANISTEE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 511001 | WEST SHORE MEDICAL CENTER | Manistee |
| 511002 | NORMAN TWP FIRE DEPT | Wellston |
| 511003 | FILER TWP FIRE DEPT | Manistee |
| 511004 | ARCADIA TWP FIRE DEPT | Arcadia |
| 511005 | MANISTEE CITY F D/RESCUE SQ | Manistee |
| 511006 | ONEKAMA TWP FIRE DEPT | Onkama |
| 511007 | STRONACH TWP VOL FIRE DEPT | Manistee |
| 511008 | BEAR LAKE TOWNSHIP | Bear Lake |
| 511009 | DICKSON TOWNSHIP FIRE | Brethren |
| 511010 | MAPLE GROVE TWP. FIRE | Kaleva |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|------------------------------|--------------------|
| County: | MARQUETTE | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 521001 | FORSYTH TOWNSHIP E.M.S. | Gwinn |
| 521002 | ISHPEMING/CITY OF/ FIRE DEPT | Ishpeming |
| 521003 | MARQUETTE GENERAL HEALTH | Marquette |
| 521004 | POWELL TOWNSHIP | Big Bay |
| 521005 | REPUBLIC TWP AMBULANCE | Republic |
| 521006 | RICHMOND TWP AMBULANCE | Palmer |
| 521007 | SANDS TOWNSHIP | Gwinn |
| 521011 | MARQUETTE CO SHERIFF DEPT | Marquette |
| 521012 | CHAMPION TWP FIRST | Champion |
| 521013 | ELY TWP FIRST RESPONDERS | Ishpeming |
| 521014 | SKANDIA-WEST BRANCH FIRST | Skandia |
| 521015 | MARQUETTE TWP FIRE & RESCUE | Marquette |
| 521016 | MARQUETTE FIRE DEPARTMENT | Medical First |
| 521017 | MICHIGAMME-SPURR FIRST | Michigamme |
| 521019 | WELLS TOWNSHIP E.M.S. | Arnold |
| 521020 | TILDEN MINING COMPANY L.C. | Ishpeming |
| 521022 | MEDIRIDE, INC. | Marquette |

| | | |
|-------------------------------|------------------------------|--------------------|
| County: | MASON | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 531001 | MASON COUNTY AMB SERV | Ludington |
| 531003 | FOUNTAIN AREA FIRE DEPT | Fountain |
| 531004 | CARR FIRE DEPARTMENT | Branch |
| 531005 | BRANCH TWP FIRE DEPT | Walhalla |
| 531006 | CUSTER FIRE DEPT. | Custer |
| 531007 | FREESOIL-MEADE FIRE DEPT. | Free Soil |
| 531008 | GRANT TWP FIRE & RESCUE DEPT | Manistee |
| 531009 | HAMLIN TWP FIRE DEPT (MASON | Ludington |
| 531010 | LUDINGTON/CITY OF/FIRE DEPT | Medical First |
| 531011 | PERE MARQUETTE FIRE DEPT | Medical First |
| 531012 | RIVERTON FIRE DEPT | Ludington |
| 531013 | SCOTTVILLE FIRE DEPT | Scottville |

| | | |
|-------------------------------|------------------------------|--------------------|
| County: | MECOSTA | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 541001 | MECOSTA COUNTY EMS | Big Rapids |
| 541004 | BIG RAPIDS/CITY OF FIRE DEPT | Medical First |
| 541005 | MORTON TOWNSHIP | Mecosta |
| 541007 | FORK TOWNSHIP RESCUE | Barryton |
| 541008 | MORLEY AREA FIRE DEPT | Morley |
| 541009 | BIG RAPIDS TWP FIRE DEPT | Big Rapids |
| 541010 | WHEATLAND TOWNSHIP RESCUE | Remus |

| | | |
|-------------------------------|-------------------------------|--------------------|
| County: | MENOMINEE | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 551001 | FAITHORN EMERGENCY SQUAD | Vulcan |
| 551002 | HERMANSVILLE RES & AMB SERV | Hermansville |
| 551004 | MID COUNTY RESCUE SQUAD, INC. | Stephenson |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

County: MIDLAND

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 561001 | DOW CHEMICAL COMPANY | Midland |
| 561002 | DOW CORNING CORPORATION | Basic |
| 561003 | MID MICHIGAN MEDICAL CENTER | Advanced |
| 561004 | EDENVILLE TWP FIRE DEPT | Edenville |
| 561006 | JEROME TWP FIRE DEPT | Sanford |
| 561007 | LARKIN TWP FIRE DEPT | Midland |
| 561009 | MIDLAND FIRE DEPARTMENT | Medical First |
| 561010 | MIDLAND TWP FIRE DEPT | Medical First |
| 561011 | MILLS TWP FIRE DEPT 56-08 | Medical First |
| 561012 | LEE TWP FIRE DEPT | Medical First |
| 561013 | HOMER TWP FIRE DEPT | Medical First |
| 561014 | COLEMAN COMMUNITY FIRE DEPT | Coleman |
| 561015 | LINCOLN TOWNSHIP FIRE | Sanford |
| 561016 | HOPE TOWNSHIP FIRE | Hope |

County: MISSAUKEE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 571001 | MISSAUKEE COUNTY EMS | Lake City |

County: MONROE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|--------------------------------|--------------------|
| 581002 | FRENCHTOWN TOWNSHIP | Monroe |
| 581010 | LONDON-MAYBEE-RAISINVILLE F.D. | Maybee |
| 581011 | MONROE CITY FIRE DEPT | Monroe |
| 581012 | MONROE TWP VOL FIRE DEPT | Medical First |
| 581013 | MORIN POINT FIRE DEPARTMENT | Erie |
| 581014 | SUMMERFIELD TWP VOL FIRE DEPT | Petersburg |
| 581016 | ERIE TWP FIRE DEPT | Erie |
| 581017 | LASALLE VOL FIRE DEPT | LaSalle |
| 581018 | DUNDEE TWP FIRE DEPT | Dundee |
| 581019 | BEDFORD TOWNSHIP | Temperance |
| 581020 | LUNA PIER VOLUNTEER FIRE DEPT | Luna Pier |
| 581021 | OTTAWA LAKE FIRE DEPT. | Ottawa Lake |
| 581022 | ESTRAL BEACH VOL FIRE DEPT | Newport |
| 581023 | BERLIN TWP VOLUNTEER FIRE | Basic |
| 581024 | WHITEFORD TOWNSHIP | Ottawa Lake |

County: MONTCALM

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 591001 | MONTCALM COUNTY AMB SERVICE | Stanton |
| 591005 | MORELANDS MOTO CROSS | Basic |

County: MONTMORENCY

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 601001 | ALBERT TWP AMB SERVICE | Lewiston |
| 601002 | HILLMAN FIRE & AMBULANCE | Hillman |
| 601003 | TRI TOWNSHIP AMB. SERVICE | Atlanta |

County: MUSKEGON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|------------------------------|--------------------|
| 611002 | WHITE LAKE AMBULANCE SERVICE | Whitehall |

APPENDIX F - AMBULANCE CODE LISTING

Facility List by County

| | | |
|--------|------------------------------|------------------|
| 611004 | PROFESSIONAL MED TEAM | Muskegon |
| 611007 | CASNOVIA TOWNSHIP FIRE DEPT | Bailey |
| 611008 | DALTON TWP FIRE DEPT | North Muskegon |
| 611009 | EGELSTON TWP FIRE DEPT | Muskegon |
| 611010 | HOLTON TWP FIRE DEPT | Holton |
| 611011 | FRUITPORT FIRE DEPARTMENT | Muskegon |
| 611013 | MONTAGUE FIRE DISTRICT | Montague |
| 611014 | MUSKEGON TOWNSHIP FIRE DEPT | Muskegon |
| 611015 | MUSKEGON FIRE DEPARTMENT | Medical First |
| 611016 | NORTH MUSKEGON FIRE DEPT | North Muskegon |
| 611017 | NORTON SHORES/CITY OF FIRE | Norton Shores |
| 611019 | WHITE LAKE FIRE DEPT | Whitehall |
| 611020 | MUSKEGON HEIGHTS FIRE DEPT | Muskegon Heights |
| 611021 | MOORLAND TWP FIRST | Ravenna |
| 611022 | SAPPI/WARREN | Muskegon |
| 611023 | BLUE LAKE TOWNSHIP FIRE | Twin Lake |
| 611024 | RAVENNA AREA FIRE DEPARTMENT | Ravenna |

County:

NEWAYGO

Facility Number

Facility Name

City

| | | |
|--------|-------------------------------|----------|
| 621003 | CROTON TWP FIRE DEPT | Newaygo |
| 621005 | LILLEY-MERRILL RESCUE INC | Bitely |
| 621006 | NEWAYGO FIRST RESPONDER | Newaygo |
| 621007 | FREMONT FIRE DEPARTMENT | Fremont |
| 621008 | LIFE EMS OF NEWAYGO COUNTY | Advanced |
| 621010 | ASHLAND & GRANT FIRE DISTRICT | Grant |

County:

OAKLAND

Facility Number

Facility Name

City

| | | |
|--------|--------------------------------|------------------|
| 631003 | BIRMINGHAM FIRE DEPT | Birmingham |
| 631004 | FARMINGTON HILLS FIRE DEPT | Farmington Hills |
| 631005 | FERNDALE FIRE DEPARTMENT | Ferndale |
| 631007 | HAZEL PARK FIRE DEPARTMENT | Hazel Park |
| 631009 | MADISON HEIGHTS FIRE DEPT | Madison Heights |
| 631012 | PARAMED INC | Auburn Hills |
| 631015 | WEST BLOOMFIELD FIRE DEPT | West Bloomfield |
| 631016 | WATERFORD TWP FIRE DEPT. | Waterford |
| 631017 | BLOOMFIELD TWP FIRE DEPT | Bloomfield Hills |
| 631018 | SOUTHFIELD FIRE DEPT/CITY OF | Southfield |
| 631020 | COMMUNITY E.M.S., INC. | Advanced |
| 631022 | PONTIAC FIRE DEPARTMENT | Pontiac |
| 631028 | INDEPENDENCE TWP FIRE DEPT | Clarkston |
| 631030 | WIXOM FIRE DEPARTMENT | Wixom |
| 631031 | NOVI FIRE DEPARTMENT | Novi |
| 631032 | BRANDON FIRE DEPARTMENT | Ortonville |
| 631033 | OXFORD FIRE DEPARTMENT | Oxford |
| 631034 | AUBURN HILLS FIRE DEPARTMENT | Auburn Hills |
| 631035 | BERKLEY PUBLIC SAFETY DEPT | Berkley |
| 631036 | BEVERLY HILLS DEPT OF P. S. | Beverly Hills |
| 631042 | BLOOMFIELD HILLS P. S. DEPT. | Bloomfield Hills |
| 631043 | COMMERCE TWP FIRE DEPT | Walled Lake |
| 631044 | OAK PARK DEPT OF PUBLIC SAFETY | Oak Park |
| 631046 | FRANKLIN-BINGHAM FIRE DEPT | Franklin |

APPENDIX F - AMBULANCE CODE LISTING

Facility List by County

| | | |
|--------|------------------------------|------------------|
| 631047 | GROVELAND TWP FIRE DEPT | Holly |
| 631049 | HIGHLAND TWP FIRE DEPT | Highland |
| 631050 | LYON/CHARTER TWP OF FIRE | New Hudson |
| 631051 | MILFORD TWP FIRE DEPARTMENT | Milford |
| 631052 | NORTH OAKLAND CO FIRE AUTH | Holly |
| 631055 | ORCHARD LAKE POLICE DEPT | Orchard Lake |
| 631056 | ORION TWP FIRE DEPT | Lake Orion |
| 631060 | ROCHESTER HILLS FIRE | Rochester Hills |
| 631061 | ROYAL OAK FIRE DEPARTMENT | Royal Oak |
| 631063 | SOUTH LYON FIRE DEPT | South Lyon |
| 631064 | SPRINGFIELD TWP FIRE DEPT | Davisburg |
| 631065 | TRI-CITY FIRE DEPT | Orchard Lake |
| 631066 | WALLED LAKE FIRE DEPT | Walled Lake |
| 631067 | WHITE LAKE TWP FIRE DEPT | White Lake |
| 631068 | ADDISON TWP FIRE DEPT | Leonard |
| 631069 | HUNTINGTON WOODS PUBLIC | Huntington Woods |
| 631070 | FARMINGTON DEPT OF PUB | Farmington |
| 631071 | OAKLAND TWP FIRE DEPT | Rochester |
| 631074 | STAR E.M.S. | Waterford |
| 631075 | ALLIANCE MOBILE HEALTH, INC. | Rochester Hills |
| 631076 | ROCHESTER FIRE DEPARTMENT | Rochester |
| 631077 | ROCHESTER HILLS F.D., ALS | Rochester Hills |

County:

Facility Number

OCEANA

Facility Name

City

| | | |
|--------|--------------------------------|-------------|
| 641001 | OCEANA CO EMG AMB SERV | Hart |
| 641002 | GRANT TOWNSHIP RESCUE | Rothbury |
| 641003 | WALKERVILLE AREA FIRE & RESCUE | Walkerville |

County:

Facility Number

OGEMAW

Facility Name

City

| | | |
|--------|--------------------------|--------------|
| 651001 | OGEMAW COUNTY E.M.S. | West Branch |
| 651002 | GOODAR TWP VOL FIRE DEPT | South Branch |
| 651003 | CLEAR LAKE FIRE DEPT | West Branch |

County:

Facility Number

ONTONAGON

Facility Name

City

| | | |
|--------|-----------------------|----------------|
| 661001 | SONCO AMBULANCE, INC. | Bruce Crossing |
|--------|-----------------------|----------------|

County:

Facility Number

OSCEOLA

Facility Name

City

| | | |
|--------|-----------------------------|-----------|
| 671001 | OSCEOLA COUNTY E.M.S. | Reed City |
| 671002 | EVART AREA JOINT FIRE/FIRST | Evart |
| 671003 | HERSEY TWP FIRE DEPT | Hersey |
| 671005 | MARION FIRE RESCUE | Marion |
| 671006 | REED CITY FIRE DEPARTMENT | Reed City |
| 671007 | TUSTIN AREA FIRE DEPARTMENT | Tustin |
| 671008 | LEROY-ROSELAKE FIRE DEPT | Leroy |

County:

Facility Number

OSCODA

Facility Name

City

| | | |
|--------|------------------------|-----|
| 681001 | OSCODA COUNTY AMB SERV | Mio |
|--------|------------------------|-----|

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

County: OTSEGO

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 691001 | OTSEGO COUNTY AMB CORPS | Gaylord |
| 691002 | CHARLTON TOWNSHIP E.M.S. | Johannesburg |
| 691003 | ELMIRA-WARNER FIRE & RESCUE | Elmira |
| 691004 | OTSEGO LAKE TWP FIRE DEPT | Waters |
| 691005 | TREETOPS RESORT | Gaylord |
| 691006 | VANDERBILT/CORWITH FIRE | Vanderbilt |

County: OTTAWA

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|------------------------------|--------------------|
| 701001 | NORTH OTTAWA COMMUNITY | Grand Haven |
| 701002 | OTTAWA CO SHERIFF DEPT | West Olive |
| 701005 | WRIGHT-TALLMADGE TWP FIRE | Grand Rapids |
| 701008 | ZEELAND RESCUE | Zeeland |
| 701009 | OLIVE TWP. FIRE RESCUE | Medical First |
| 701010 | CHESTER TOWNSHIP FIRE | Conklin |
| 701012 | CROCKERY TWP FIRE DEPT | Nunica |
| 701013 | FERRYSBURG FIRE DEPARTMENT | Ferrysburg |
| 701014 | COOPERSVILLE, CITY OF | Coopersville |
| 701015 | GRAND HAVEN TWP FIRE RESCUE | Grand Haven |
| 701016 | GRAND HAVEN PUBLIC SAFETY | Grand Haven |
| 701017 | HOLLAND TOWNSHIP FIRE DEPT | Holland |
| 701018 | HUDSONVILLE, CITY OF | Hudsonville |
| 701019 | HUDSONVILLE POLICE DEPT | Medical First |
| 701021 | PARK TWP FIRE DEPT | Holland |
| 701022 | PORT SHELDON TWP FIRE DEPT | West Olive |
| 701023 | ROBINSON TWP FIRE DEPT | Grand Haven |
| 701025 | SPRING LAKE TWP FIRE DEPT | Spring Lake |
| 701026 | GEORGETOWN TOWNSHIP | Jenison |
| 701027 | JAMESTOWN FIRE DEPARTMENT | Jamestown |
| 701028 | BLENDON TOWNSHIP | Hudsonville |
| 701029 | ALLENDALE FIRE DEPARTMENT | Allendale |
| 701030 | ZEELAND CHARTER TWP FIRE | Zeeland |
| 701031 | HOPE PERSONAL TRANSPORT, INC | Grand Haven |

County: PRESQUE ILE

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 711001 | EAST GRAND LAKE FIRE DEPT | Presque Isle |
| 711002 | ONAWAY AREA AMB SERV | Onaway |
| 711003 | POSEN FIRST RESPONDERS | Posen |
| 711004 | PRESQUE ISLE F.D. | Alpena |
| 711005 | CASE TWP 1ST RESPONDERS | Millersburg |
| 711006 | OCQUEOC-BEARINGER FIRE DEPT | Cheboygan |

County: ROSCOMMON

| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
|-------------------------------|-----------------------------|--------------------|
| 721001 | GERRISH TOWNSHIP | Roscommon |
| 721002 | LYON TWP FIRE DEPT | Higgins Lake |
| 721004 | MARKEY/TOWNSHIP OF | Houghton Lake |
| 721005 | RICHFIELD TOWNSHIP | St. Helen |
| 721008 | HIGGINS TOWNSHIP E.M.S. | Roscommon |
| 721009 | DENTON TOWNSHIP AMB SERV | Prudenville |

APPENDIX F - AMBULANCE CODE LISTING

Facility List by County

| | | |
|--------|-------------------------|---------------|
| 721010 | HOUGHTON LAKE AMBULANCE | Houghton Lake |
| 721011 | NESTER TWP FIRE DEPT | Gladwin |

County:

SAGINAW

Facility Number

Facility Name

City

| | | |
|--------|--------------------------------|---------------|
| 731002 | E.M.S. OF SAGINAW, INC. | Saginaw |
| 731006 | VALLEY AMBULANCE INC | Chesaning |
| 731010 | TITABAWASSEE TWP FIRE DEPT | Freeland |
| 731012 | BRIDGEPORT TWP FIRE/RESCUE | Bridgeport |
| 731013 | JONESFIELD-LAKEFIELD FIRE DEPT | Merrill |
| 731014 | BLUMFIELD TWP, STATION 2 | Saginaw |
| 731015 | RICHLAND TWP FIRE DEPT | Hemlock |
| 731016 | SAGINAW FIRE DEPARTMENT | Saginaw |
| 731017 | SAGINAW TWP POLICE DEPT | Saginaw |
| 731018 | TAYMOUTH TWP FIRE DEPT | Birch Run |
| 731019 | THOMAS TWP FIRE DEPT | Saginaw |
| 731020 | ZILWAUKEE CITY FIRE DEPT | Medical First |
| 731021 | MOBILE MEDICAL RESPONSE, INC. | Advanced |
| 731022 | MARION TWP FIRE DEPT | Brant |
| 731023 | BUENA VISTA FIRE DEPT | Saginaw |
| 731024 | JAMES TOWNSHIP FIRE DEPT | Medical First |
| 731025 | BIRCH RUN TWP FIRE DEPT | Birch Run |
| 731026 | KOCHVILLE TWP FIRE | Saginaw |

County:

ST. CLAIR

Facility Number

Facility Name

City

| | | |
|--------|-------------------------------|----------------|
| 741003 | TRI HOSPITAL E.M.S. CORP | Port Huron |
| 741005 | MARYSVILLE/CITY OF | Marysville |
| 741007 | PORT HURON/ CHARTER TWP OF | Port Huron |
| 741009 | CLYDE TWP FIRE DEPARTMENT | Ruby |
| 741011 | KENOCKEE TWP FIRE DEPT | Avoca |
| 741012 | MEMPHIS FIRE DEPARTMENT | Memphis |
| 741013 | ST. CLAIR AREA FIRE AUTHORITY | St. Clair |
| 741014 | GRANT TWP FIRE DEPARTMENT | Jeddo |
| 741015 | FORT GRATIOT FIRE DEPT | Fort Gratiot |
| 741016 | BURTCHVILLE TWP FIRE DEPT | Lakeport |
| 741017 | ALGONAC FIRE DEPARTMENT | Algonac |
| 741018 | IRA TWP VOLUNTEER FIRE DEPT | Fair Haven |
| 741019 | CLAY TWP MAINLAND FIRE DEPT | Clay Township |
| 741021 | EMMETT FIRE DEPARTMENT | Emmett |
| 741023 | MARINE CITY FIRE DEPT | Marine City |
| 741024 | PORT HURON FIRE DEPARTMENT | Port Huron |
| 741025 | MUSSEY TWP FIRE DEPT | Capac |
| 741026 | HARSEN'S ISLAND FIRE DEPT. | Harsens Island |
| 741027 | BERLIN TOWNSHIP FIRE | Allenton |

County:

ST. JOSEPH

Facility Number

Facility Name

City

| | | |
|--------|-----------------------------|--------------|
| 751001 | CONSTANTINE FIRE DEPARTMENT | Constantine |
| 751004 | COLON FIRE AND RESCUE | Colon |
| 751005 | THREE RIVERS FIRE DEPT | Three Rivers |
| 751006 | CENTREVILLE FIRE DEPARTMENT | Centreville |
| 751007 | LEONIDAS VOL FIRE DEPT | Leonidas |

APPENDIX F - AMBULANCE CODE LISTING
Facility List by County

| | | |
|-------------------------------|-------------------------------|--------------------|
| 751008 | STURGIS/CITY OF FIRE DEPT | Sturgis |
| County: SANILAC | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 761002 | CROSWELL AMBULANCE | Croswell |
| 761005 | MCKENZIE MEMORIAL HOSPITAL | Sandusky |
| 761006 | MARLETTE COMMUNITY HOSPITAL | Marlette |
| 761008 | LEXINGTON FIRE DEPARTMENT | Lexington |
| 761009 | PORT SANILAC FIRE DEPT | Port Sanilac |
| County: SCHOOLCRAFT | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 771001 | MANISTIQUE/CITY OF | Manistique |
| 771002 | INWOOD TWP VOL FD/EMS DIV | Cooks |
| County: SHIAWASSEE | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 781001 | BYRON AREA AMB SERV INC | Byron |
| 781002 | D.V.A AMBULANCE, INC. | Durand |
| 781004 | OWOSSO FIRE DEPT AMB SERV | Owosso |
| 781005 | OWOSSO TWP AMB SERVICE | Advanced |
| 781006 | P.M.S. AREA AMBULANCE SERVICE | Morrice |
| 781007 | TWIN TWP AMBULANCE INC. | New Lothrop |
| 781008 | CORUNNA AREA AMB SERV | Corunna |
| 781009 | LAINGSBURG-SCIOTA AREA AMB | Laingsburg |
| 781010 | PERRY AREA FIRE RESCUE | Perry |
| County: TUSCOLA | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 791001 | AKRON/COLUMBIA/WISNER TWP | Unionville |
| 791004 | MAYVILLE AREA AMB SERV | Mayville |
| 791006 | VASSAR AREA AMB SERVICE | Vassar |
| 791007 | KINGSTON FIRE AND RESCUE | Kingston |
| 791008 | MILLINGTON/ARBELA TWP FIRE | Millington |
| 791009 | REESE BLUMFIELD FIRE RESCUE | Reese |
| County: VAN BUREN | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 801002 | COVERT FIRE DEPARTMENT | Covert |
| 801005 | SISTER LAKES FIRE DEPT | Dowagiac |
| 801006 | SOUTH HAVEN AREA EMRG SRVS | South Haven |
| 801008 | V.B.E.M.S., INC. | Paw Paw |
| 801009 | COMMUNITY EMERGENCY | Medical First |
| 801010 | HARTFORD FIRE DEPARTMENT | Hartford |
| 801011 | LAWRENCE TWP QUICK RESP TEAM | Lawrence |
| 801013 | MATTAWAN EMERGENCY | Mattawan |
| 801014 | DECATUR-HAMILTON QUICK | Decatur |
| County: WASHTENAW | | |
| <u>Facility Number</u> | <u>Facility Name</u> | <u>City</u> |
| 811002 | YPSILANTI CITY FIRE DEPT | Ypsilanti |
| 811004 | SURVIVAL FLIGHT | Ann Arbor |
| 811006 | HURON VALLEY AMBULANCE INC | Advanced |

APPENDIX F - AMBULANCE CODE LISTING

Facility List by County

| | | |
|--------|-----------------------------|---------------|
| 811007 | MIDWEST MEDFLIGHT | Ypsilanti |
| 811008 | AUGUSTA TWP FIRE DEPT | Whittaker |
| 811009 | CHELSEA AREA FIRE AUTHORITY | Chelsea |
| 811010 | DEXTER AREA FIRE DEPT | Dexter |
| 811011 | ANN ARBOR/TWP OF FIRE DEPT | Ann Arbor |
| 811012 | ANN ARBOR FIRE DEPT | Medical First |
| 811014 | NORTHFIELD TWP FIRE DEPT | Whitmore Lake |
| 811015 | PITTSFIELD TWP FIRE DEPT | Ann Arbor |
| 811016 | SALEM TWP FIRE DEPT | Salem |
| 811017 | SCIO TWP FIRE DEPARTMENT | Ann Arbor |
| 811018 | SUPERIOR TWP FIRE DEPT | Ypsilanti |
| 811019 | YPSILANTI TWP FIRE DEPT | Medical First |
| 811020 | MILAN AREA FIRE DEPARTMENT | Milan |
| 811021 | SALINE AREA FIRE DEPT | Saline |
| 811022 | MANCHESTER TOWNSHIP FIRE | Manchester |

County:

WAYNE

Facility Number

Facility Name

City

| | | |
|--------|-----------------------------|--------------------|
| 821001 | CANTON TWP FIRE DEPT | Canton |
| 821002 | AMERICAN AMB SERV | Detroit |
| 821003 | DEARBORN FIRE DEPARTMENT | Dearborn |
| 821004 | DEARBORN HTS. FIRE DEPT | Dearborn Hts |
| 821005 | ECORSE FIRE DEPARTMENT | Ecorse |
| 821006 | FLAT ROCK/CITY OF FIRE DEPT | Flat Rock |
| 821007 | GARDEN CITY FIRE DEPT | Garden City |
| 821008 | GIBRALTAR P.S. DEPT. | Gibraltar |
| 821009 | GROSSE ILE VOL FIRE DEPT | Grosse Ile |
| 821011 | GROSSE PTE PARK P.S.D. | Grosse Pte. Park |
| 821012 | GROSSE PTE SHORES D.P.S. | Grosse Pte. Shores |
| 821013 | GROSSE PTE WOODS D.P.S. | Grosse Pte. Woods |
| 821014 | HARPER WOODS FIRE DEPT | Harper Woods |
| 821016 | HURON TWP FIRE DEPT | New Boston |
| 821017 | INKSTER FIRE DEPARTMENT | Inkster |
| 821018 | LIVONIA FIRE & RESCUE | Livonia |
| 821020 | MELVINDALE FIRE DEPARTMENT | Melvindale |
| 821022 | PLYMOUTH COMMUNITY FIRE | Plymouth |
| 821023 | RIVER ROUGE FIRE DEPT | River Rouge |
| 821024 | RIVERVIEW FIRE DEPARTMENT | Riverview |
| 821026 | TAYLOR FIRE DEPARTMENT | Taylor |
| 821027 | TRENTON FIRE DEPARTMENT | Trenton |
| 821028 | WAYNE FIRE DEPARTMENT | Wayne |
| 821029 | WESTLAND FIRE DEPT | Westland |
| 821030 | WOODHAVEN/CITY OF | Woodhaven |
| 821031 | WYANDOTTE FIRE DEPARTMENT | Wyandotte |
| 821032 | ALLEN PARK FIRE DEPT | Allen Park |
| 821033 | REDFORD TWP FIRE DEPT | Redford |
| 821034 | HAMTRAMCK/CITY OF | Hamtramck |
| 821035 | FORD MOTOR COMPANY | Dearborn |
| 821036 | NORTHVILLE TWP FIRE DEPT | Northville |
| 821037 | ROCKWOOD/CITY OF | Rockwood |
| 821049 | BROWNSTOWN TOWNSHIP | Brownstown |
| 821051 | HART MEDICAL | Detroit |
| 821055 | MEDIC ONE AMBULANCE SERVICE | Taylor |

APPENDIX F - AMBULANCE CODE LISTING

Facility List by County

| | | |
|--------|----------------------------|--------------|
| 821057 | LINCOLN PARK FIRE DEPT | Lincoln Park |
| 821058 | NORTHVILLE CITY FIRE DEPT | Northville |
| 821059 | ROMULUS FIRE DEPARTMENT | Romulus |
| 821062 | VAN BUREN DEPT OF P.S. | Belleville |
| 821063 | WILLOW RUN AIRPORT SAFETY | Ypsilanti |
| 821064 | DETROIT FIRE DEPT E.M.S. | Detroit |
| 821065 | DETROIT METRO AIRPORT FIRE | Advanced |
| 821068 | MARLIN AIR, INC. | Belleville |
| 821069 | SOUTHGATE FIRE DEPARTMENT | Southgate |
| 821070 | METROPOLITAN HEALTH CARE, | Lincoln Park |
| 821072 | UNISYS CORPORATION | Plymouth |
| 821073 | BAKER COLLEGE EMS DIVISION | Westland |
| 821074 | HEALTHLINK, INC. | Taylor |

County:

WEXFORD

Facility Number

Facility Name

City

| | | |
|--------|---------------------------|----------|
| 831001 | MESICK RESCUE SQUAD, INC. | Mesick |
| 831005 | BUCKLEY VOL FIRE DEPT | Buckley |
| 831006 | CADILLAC FIRE DEPARTMENT | Cadillac |

County:

OUT OF STATE

Facility Number

Facility Name

City

| | | |
|--------|----------------------------|--------|
| 991006 | ST. VINCENT MEDICAL CENTER | Toledo |
| 991010 | TOLEDO HOSPITAL | |
| 991013 | MEDCORP, INC | |
| 991014 | LIFESTAR, INC. | |

AIRLIFT

GENERIC CODE FOR AIRLIFT/FLIGHT TO A HOSPITAL

APPENDIX G
OFFENSE CODE LISTING

| Code | Description | Criminal |
|-------|---|----------|
| 01000 | Sovereignty | Y |
| 02000 | Military | Y |
| 03000 | Immigration | Y |
| 09001 | Murder/Nonnegligent Manslaughter (voluntary) | Y |
| 09002 | Negligent Homicide/Manslaughter (involuntary) | Y |
| 09003 | Negligent Homicide - Vehicle/Boat/Snowmobile | Y |
| 09004 | Justifiable Homicide | Y |
| 10001 | Kidnapping/Abduction | Y |
| 10002 | Parental Kidnapping | Y |
| 11001 | Sexual Penetration Penis/Vagina - CSC 1st | Y |
| 11002 | Sexual Penetration Penis/Vagina - CSC 3rd | Y |
| 11003 | Sexual Penetration Oral/Anal - CSC 1st | Y |
| 11004 | Sexual Penetration Oral/Anal - CSC 3rd | Y |
| 11005 | Sexual Penetration Object - CSC 1st | Y |
| 11006 | Sexual Penetration Object - CSC 3rd | Y |
| 11007 | Sexual Contact Forcible - CSC 2nd | Y |
| 11008 | Sexual Contact Forcible - CSC 4th | Y |
| 12000 | Robbery | Y |
| 13001 | Nonaggravated Assault | Y |
| 13002 | Aggravated/Felonious Assault | Y |
| 13003 | Intimidation/Stalking | Y |
| 14000 | Abortion | Y |
| 20000 | Arson | Y |
| 21000 | Extortion | Y |
| 22001 | Burglary Force Entry | Y |
| 22002 | Burglary Entry Without Force | Y |
| 22003 | Burglary Entry Without Authority, W/wo Force | Y |
| 22004 | Possession Of Burglary Tools | Y |
| 23001 | Larceny Pocketpicking | Y |
| 23002 | Larceny Pursesnatching | Y |
| 23003 | Larceny Theft From Building | Y |
| 23004 | Larceny Theft From Coin Oper Machine/Device | Y |
| 23005 | Larceny Theft From Motor Vehicle | Y |
| 23006 | Larceny Theft Of Motor Veh Parts/Accessories | Y |
| 23007 | Larceny Other | Y |
| 24001 | Motor Vehicle Theft | Y |
| 24002 | Motor Vehicle As Stolen Property | Y |
| 24003 | Motor Vehicle Fraud | Y |
| 25000 | Forgery/Counterfeiting | Y |
| 26001 | Fraud False Pretense/Swindle/Confidence Game | Y |
| 26002 | Fraud Credit Card/Automatic Teller Machine | Y |
| 26003 | Fraud Impersonation | Y |
| 26004 | Fraud Welfare | Y |
| 26006 | Fraud Bad Checks | Y |
| 27000 | Embezzlement | Y |
| 28000 | Stolen Property | Y |
| 29000 | Damage to Property | Y |
| 30001 | Retail Fraud Misrepresentation | Y |
| 30002 | Retail Fraud Theft | Y |
| 30003 | Retail Fraud Refund/Exchange | Y |
| 35001 | Dangerous Drugs | Y |
| 35002 | Narcotic Equipment Violations | Y |
| 36001 | Sexual Penetration Nonforcible Blood/Affinity | Y |

APPENDIX G
OFFENSE CODE LISTING

| Code | Description | Criminal |
|-------|--|----------|
| 36002 | Sexual Penetration Nonforcible Other | Y |
| 36003 | Peeping Tom | Y |
| 36004 | Sex Offense Other | Y |
| 37000 | Obscenity | Y |
| 38001 | Family Abuse/Neglect Nonviolent | Y |
| 38002 | Family Nonsupport | Y |
| 38003 | Family Other | Y |
| 39001 | Gambling Betting/Wagering | Y |
| 39002 | Gambling Operating/Promoting/Assisting | Y |
| 39003 | Gambling Equipment Violations | Y |
| 39004 | Gambling Sports Tampering | Y |
| 40001 | Commercialized Sex Prostitution | Y |
| 40002 | Commercialized Sex Assist/Promote Prostitution | Y |
| 41001 | Liquor License Establishment | Y |
| 41002 | Liquor Violations Other | Y |
| 42000 | Drunkenness Except OUIL | Y |
| 48000 | Obstructing Police | Y |
| 49000 | Escape/Flight | Y |
| 50000 | Obstructing Justice | Y |
| 51000 | Bribery | Y |
| 52001 | Weapons Offense Concealed | Y |
| 52002 | Weapons Offense Explosives | Y |
| 52003 | Weapons Offense Other | Y |
| 53001 | Disorderly Conduct | Y |
| 53002 | Public Peace Other | Y |
| 54001 | Hit & Run Motor Vehicle Accident | Y |
| 54002 | Operating Under Influence Of Liquor Or Drugs | Y |
| 54003 | Vehicle Violation | N |
| 55000 | Health And Safety | Y |
| 56000 | Civil Rights | Y |
| 57001 | Trespass | Y |
| 57002 | Invasion Of Privacy Other | Y |
| 58000 | Smuggling | Y |
| 59000 | Election Laws | Y |
| 60000 | Antitrust | Y |
| 61000 | Tax/Revenue | Y |
| 62000 | Conservation | Y |
| 63000 | Vagrancy | Y |
| 70000 | Juvenile Runaway | Y |
| 73000 | Miscellaneous Criminal Offense | Y |
| 75000 | Solicitation (All Crimes Except Prostitution) | Y |
| 77000 | Conspiracy (All Crimes) | Y |
| 89001 | Service Of Commission Papers | N |
| 89002 | Unauthorized Transportation | N |
| 89003 | Violation Of Rules | N |
| 89004 | Motor Carrier Warrants | N |
| 89005 | Motor Carrier Safety Rules | N |
| 89006 | Inspections Of Homes To Be Moved | N |
| 89007 | Violations Of Migrant Workers Transport Laws | N |
| 89008 | Hazardous Materials | N |
| 89009 | All Other Motor Carrier Violations | N |
| 90000 | Skipped Number | N |
| 92001 | Divorce and Support | N |

APPENDIX G
OFFENSE CODE LISTING

| Code | Description | Criminal |
|-------|--|----------|
| 92002 | Incapacitation | N |
| 92003 | Walk Away Mental Inst. and Hosp. | N |
| 92004 | Insanity | N |
| 92005 | Civil Infraction Poss. Of Alcoholic Liquor | N |
| 93001 | Accident, Traffic | N |
| 93002 | Accident, Non-traffic | N |
| 93003 | Traffic Violations (Civil Infractions) | N |
| 93004 | Parking Violations | N |
| 93005 | Traffic Investigations, Surveys | N |
| 93006 | Traffic Policing | N |
| 93007 | Traffic Safety Public Appearances | N |
| 93008 | Inspection, Breathalyzer | N |
| 93009 | Breathlyzer Service for Other Dept. | N |
| 95001 | Accident, Fire | N |
| 95002 | Accident, Explosion | N |
| 95003 | Inspection, Fire | N |
| 95004 | Hazardous Condition | N |
| 95005 | Suspicious Fires | N |
| 95006 | Undetermined Fires | N |
| 97001 | Accident, Aircraft | N |
| 97002 | Accident, Hunting | N |
| 97003 | Accident, Other Shooting | N |
| 97004 | Accident, Boating | N |
| 97005 | Accident, Other Water | N |
| 97006 | Accident, All Other | N |
| 98001 | Boats | N |
| 98002 | Motor Vehicle, VIN, School Buses | N |
| 98003 | Property | N |
| 98004 | Other Inspections | N |
| 98006 | Civil Matter Disputes - Family Trouble | N |
| 98007 | Suspicious Situations | N |
| 98008 | Lost and Found Property | N |
| 98009 | Drug Overdose | N |
| 99001 | Suicide | N |
| 99002 | Natural Death | N |
| 99003 | Missing Persons | N |
| 99004 | Natural Disaster (Storms, Floods) | N |
| 99005 | Gun Board Meetings | N |
| 99006 | Instructional Activities | N |
| 99007 | Public Relations Activities | N |
| 99008 | General Assistance | N |
| 99009 | General Non-criminal | N |
| 26005 | Fraud - Wire Fraud | Y |
| 96100 | Terrorist Activity, Bomb | N |
| 96200 | Terrorist Activity, Biological | N |
| 96300 | Terrorist Activity, Chemical | N |
| 96400 | Terrorist Activity, Nuclear | N |
| 96500 | Terrorist Activity, Electronic | N |
| 96600 | Terrorist Activity, Inspection | N |
| 96800 | Terrorist Activity, Unfounded | N |
| 96900 | Terrorist Activity, Other | N |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

01 – ALCONA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 01 | 01 Alcona |
| 01 | 02 Caledonia |
| 01 | 03 Curtis |
| 01 | 04 Greenbush |
| 01 | 05 Gustin |
| 01 | 06 Harrisville |
| 01 | 07 Hawes |
| 01 | 08 Haynes |
| 01 | 09 Mikado |
| 01 | 10 Millen |
| 01 | 11 Mitchell |
| | <u>City/Village</u> |
| 01 | 29 Harrisville |
| 01 | 30 Lincoln |

02 – ALGER COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 02 | 01 Au Train |
| 02 | 02 Burt |
| 02 | 03 Grand Island |
| 02 | 04 Limestone |
| 02 | 05 Mathias |
| 02 | 06 Munising |
| 02 | 07 Onota |
| 02 | 08 Rock River |
| | <u>City/Village</u> |
| 02 | 29 Chatham |
| 02 | 46 Munising |

03 – ALLEGAN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 03 | 01 Allegan |
| 03 | 02 Casco |
| 03 | 03 Cheshire |
| 03 | 04 Clyde |
| 03 | 05 Dorr |
| 03 | 06 Fillmore |
| 03 | 07 Ganges |
| 03 | 08 Gunplain |
| 03 | 09 Heath |
| 03 | 10 Hopkins |
| 03 | 11 Laketown |
| 03 | 12 Lee |
| 03 | 13 Leighton |
| 03 | 14 Manlius |
| 03 | 15 Martin |
| 03 | 16 Monterey |
| 03 | 17 Otsego |
| 03 | 18 Overisel |
| 03 | 19 Salem |
| 03 | 20 Saugatuck |
| 03 | 21 Trowbridge |
| 03 | 22 Valley |
| 03 | 23 Watson |
| 03 | 24 Wayland |
| | <u>City/Village</u> |
| 03 | 29 Douglas |
| 03 | 30 Fennville |
| 03 | 31 Hopkins |
| 03 | 32 Martin |
| 3 | 33 South Haven |
| 03 | 39 Saugatuck |
| 03 | 40 Wayland |
| 03 | 46 Allegan |
| 03 | 47 Otsego |
| 03 | 48 Plainwell |
| 03 | 80 Holland |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

04 – ALPENA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 04 | 01 Alpena |
| 04 | 02 Green |
| 04 | 03 Long Rapids |
| 04 | 04 Maple Ridge |
| 04 | 05 Ossineke |
| 04 | 06 Sanborn |
| 04 | 07 Wellington |
| 04 | 08 Wilson |

| <u>City/Village</u> |
|---------------------|
| 04 66 Alpena |

05 - ANTRIM COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 05 | 01 Banks |
| 05 | 02 Central Lake |
| 05 | 03 Chestonia |
| 05 | 04 Custer |
| 05 | 05 Echo |
| 05 | 06 Elk Rapids |
| 05 | 07 Forest Home |
| 05 | 08 Helena |
| 05 | 09 Jordan |
| 05 | 10 Kearney |
| 05 | 11 Mancelona |
| 05 | 12 Milton |
| 05 | 13 Star |
| 05 | 14 Torch Lake |
| 05 | 15 Warner |

05 – ANTRIM COUNTY

(Continued)

| <u>County</u> | <u>City/Village</u> |
|---------------|---------------------|
| 05 | 29 Bellaire |
| 05 | 30 Central Lake |
| 05 | 31 Ellsworth |
| 05 | 39 Elk Rapids |
| 05 | 40 Mancelona |

06 - ARENAC COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 06 | 01 Adams |
| 06 | 02 Arenac |
| 06 | 03 Au Gres |
| 06 | 04 Clayton |
| 06 | 05 Deep River |
| 06 | 06 Lincoln |
| 06 | 07 Mason |
| 06 | 08 Moffatt |
| 06 | 09 Sims |
| 06 | 10 Standish |
| 06 | 11 Turner |
| 06 | 12 Whitney |

| <u>City/Village</u> |
|---------------------|
| 06 29 Au Gres |
| 06 30 Omer |
| 06 31 Sterling |
| 06 32 Turner |
| 06 33 Twining |
| 06 39 Standish |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

07 – BARAGA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 07 | 01 Arvon |
| 07 | 02 Baraga |
| 07 | 03 Covington |
| 07 | 04 L'Anse |
| 07 | 05 Spurr |
| <u>City/Village</u> | |
| 07 | 39 Baraga |
| 07 | 46 L'Anse |

08 - BARRY COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 08 | 01 Assyria |
| 08 | 02 Baltimore |
| 08 | 03 Barry |
| 08 | 04 Carlton |
| 08 | 05 Castleton |
| 08 | 06 Hastings |
| 08 | 07 Hope |
| 08 | 08 Irving |
| 08 | 09 Johnstown |
| 08 | 10 Maple Grove |
| 08 | 11 Orangeville |
| 08 | 12 Prairieville |
| 08 | 13 Rutland |
| 08 | 14 Thornapple |
| 08 | 15 Woodland |
| 08 | 16 Yankee Springs |
| <u>City/Village</u> | |
| 08 | 29 Freeport |
| 08 | 30 Woodland |
| 08 | 39 Middleville |
| 08 | 40 Nashville |
| 08 | 60 Hastings |

09 – BAY COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 09 | 01 Bangor |
| 09 | 02 Beaver |
| 09 | 03 Frankenlust |
| 09 | 04 Fraser |
| 09 | 05 Garfield |
| 09 | 06 Gibson |
| 09 | 07 Hampton |
| 09 | 08 Kawkawlin |
| 09 | 09 Merritt |
| 09 | 10 Monitor |
| 09 | 11 Mt. Forest |
| 09 | 12 Pinconning |
| 09 | 13 Portsmouth |
| 09 | 14 Williams |
| <u>City/Village</u> | |
| 09 | 39 Auburn |
| 09 | 40 Pinconning |
| 09 | 46 Essexville |
| 09 | 80 Bay City |
| 09 | 81 Midland |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

10 – BENZIE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 10 | 01 Almira |
| 10 | 02 Benzonia |
| 10 | 03 Blaine |
| 10 | 04 Colfax |
| 10 | 05 Crystal Lake |
| 10 | 06 Gilmore |
| 10 | 07 Homestead |
| 10 | 08 Inland |
| 10 | 09 Joyfield |
| 10 | 10 Lake |
| 10 | 11 Platte |
| 10 | 12 Weldon |
| <u>City/Village</u> | |
| 10 | 29 Benzonia |
| 10 | 30 Beulah |
| 10 | 31 Elberta |
| 10 | 32 Honor |
| 10 | 33 Lake Ann |
| 10 | 34 Thompsonville |
| 10 | 39 Frankfort |

11 - BERRIEN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 11 | 01 Bainbridge |
| 11 | 02 Baroda |
| 11 | 03 Benton |
| 11 | 04 Berrien |
| 11 | 05 Bertrand |
| 11 | 06 Buchanan |
| 11 | 07 Chikaming |
| 11 | 08 Coloma |
| 11 | 09 Galien |
| 11 | 10 Hagar |

11 - BERRIEN COUNTY

(Continued)

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 11 | 11 Lake |
| 11 | 12 Lincoln |
| 11 | 13 New Buffalo |
| 11 | 14 Niles |
| 11 | 15 Oronoko |
| 11 | 16 Pipestone |
| 11 | 17 Royalton |
| 11 | 18 St. Joseph |
| 11 | 19 Sodus |
| 11 | 20 Three Oaks |
| 11 | 21 Watervliet |
| 11 | 22 Weesaw |
| <u>City/Village</u> | |
| 11 | 29 Baroda |
| 11 | 30 Eau Claire |
| 11 | 31 Galien |
| 11 | 32 Grand Beach |
| 11 | 33 Michiana |
| 11 | 34 Shoreham |
| 11 | 39 Berrien Springs |
| 11 | 40 Bridgman |
| 11 | 41 Coloma |
| 11 | 42 Stevensville |
| 11 | 43 Three Oaks |
| 11 | 44 Watervliet |
| 11 | 46 Buchanan |
| 11 | 47 New Buffalo |
| 11 | 66 Benton Harbor |
| 11 | 67 Niles |
| 11 | 68 St. Joseph |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

12 – BRANCH COUNTY

| <u>County</u> | <u>Township/Name</u> |
|--------------------------------|----------------------|
| 12 | 01 Algansee |
| 12 | 02 Batavia |
| 12 | 03 Bethel |
| 12 | 04 Bronson |
| 12 | 05 Butler |
| 12 | 06 California |
| 12 | 07 Coldwater |
| 12 | 08 Gilead |
| 12 | 09 Girard |
| 12 | 10 Kinderhook |
| 12 | 11 Matteson |
| 12 | 12 Noble |
| 12 | 13 Ovid |
| 12 | 14 Quincy |
| 12 | 15 Sherwood |
| 12 | 16 Union |
| <u>City/Village</u> | |
| 12 | 29 Sherwood |
| 12 | 39 Bronson |
| 12 | 40 Quincy |
| 12 | 41 Union City |
| 12 | 60 Coldwater |

13 - CALHOUN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|--------------------------------|----------------------|
| 13 | 01 Albion |
| 13 | 02 Athens |
| 13 | 04 Bedford |
| 13 | 05 Burlington |
| 13 | 06 Clarence |
| 13 | 07 Clarendon |
| 13 | 08 Convis |
| 13 | 09 Eckford |
| 13 | 10 Emmett |
| 13 | 11 Fredonia |
| 13 | 12 Homer |
| 13 | 13 Lee |
| 13 | 14 Leroy |
| 13 | 15 Marengo |
| 13 | 16 Marshall |
| 13 | 17 Newton |
| 13 | 18 Pennfield |
| 13 | 19 Sheridan |
| 13 | 20 Tekonsha |
| <u>City/Village</u> | |
| 13 | 29 Athens |
| 13 | 30 Burlington |
| 13 | 31 Tekonsha |
| 13 | 39 Homer |
| 13 | 41 Union City |
| 13 | 46 Springfield |
| 13 | 60 Marshall |
| 13 | 66 Albion |
| 13 | 80 Battle Creek |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

14 - CASS COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 14 | 01 Calvin |
| 14 | 02 Howard |
| 14 | 03 Jefferson |
| 14 | 04 LaGrange |
| 14 | 05 Marcellus |
| 14 | 06 Mason |
| 14 | 07 Milton |
| 14 | 08 Newberg |
| 14 | 09 Ontwa |
| 14 | 10 Penn |
| 14 | 11 Pokagon |
| 14 | 12 Porter |
| 14 | 13 Silver Creek |
| 14 | 14 Volinia |
| 14 | 15 Wayne |

City/Village

| | |
|----|----------------|
| 14 | 29 Vandalia |
| 14 | 39 Cassopolis |
| 14 | 40 Edwardsburg |
| 14 | 41 Marcellus |
| 14 | 60 Dowagiac |
| 14 | 67 Niles |

15 - CHARLEVOIX COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 15 | 01 Bay |
| 15 | 02 Boyne Valley |
| 15 | 03 Chandler |
| 15 | 04 Charlevoix |
| 15 | 05 Evangeline |
| 15 | 06 Eveline |
| 15 | 07 Hayes |
| 15 | 08 Hudson |
| 15 | 09 Marion |
| 15 | 10 Melrose |
| 15 | 11 Norwood |
| 15 | 12 Peaine |
| 15 | 13 St. James |
| 15 | 14 South Arm |
| 15 | 15 Wilson |

City/Village

| | |
|----|----------------|
| 15 | 29 Boyne Falls |
| 15 | 39 East Jordan |
| 15 | 46 Boyne City |
| 15 | 47 Charlevoix |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

16 – CHEBOYGAN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 16 | 01 Aloha |
| 16 | 02 Beaugrand |
| 16 | 03 Benton |
| 16 | 04 Burt |
| 16 | 05 Ellis |
| 16 | 06 Forest |
| 16 | 07 Grant |
| 16 | 08 Hebron |
| 16 | 09 Inverness |
| 16 | 10 Koehler |
| 16 | 12 Mackinaw |
| 16 | 13 Mentor |
| 16 | 14 Mullett |
| 16 | 15 Munro |
| 16 | 16 Nunda |
| 16 | 17 Tuscarora |
| 16 | 18 Walker |
| 16 | 19 Waverly |
| 16 | 20 Wilmot |
| <u>City/Village</u> | |
| 16 | 29 Mackinaw City |
| 16 | 30 Wolverine |
| 16 | 60 Cheboygan |

17 - CHIPPEWA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 17 | 01 Bay Mills |
| 17 | 02 Bruce |
| 17 | 03 Chippewa |
| 17 | 04 Dafter |
| 17 | 05 Detour |
| 17 | 06 Drummond |
| 17 | 07 Hulbert |
| 17 | 08 Kinross |
| 17 | 09 Pickford |
| 17 | 10 Raber |
| 17 | 11 Rudyard |
| 17 | 12 Soo |
| 17 | 13 Sugar Island |
| 17 | 14 Superior |
| 17 | 15 Trout Lake |
| 17 | 16 Whitefish |
| <u>City/Village</u> | |
| 17 | 29 Detour |
| 17 | 66 Sault Ste. Marie |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

18 – CLARE COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|---------------|----------------------|-------------|
| 18 | 01 | Arthur |
| 18 | 02 | Franklin |
| 18 | 03 | Freeman |
| 18 | 04 | Frost |
| 18 | 05 | Garfield |
| 18 | 06 | Grant |
| 18 | 07 | Greenwood |
| 18 | 08 | Hamilton |
| 18 | 09 | Hatton |
| 18 | 10 | Hayes |
| 18 | 11 | Lincoln |
| 18 | 12 | Redding |
| 18 | 13 | Sheridan |
| 18 | 14 | Summerfield |
| 18 | 15 | Surrey |
| 18 | 16 | Winterfield |

| | <u>City/Village</u> | |
|----|---------------------|----------|
| 18 | 30 | Farwell |
| 18 | 39 | Harrison |
| 18 | 46 | Clare |

19 - CLINTON COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|---------------|----------------------|------------|
| 19 | 01 | Bath |
| 19 | 02 | Bengal |
| 19 | 03 | Bingham |
| 19 | 04 | Dallas |
| 19 | 05 | Dewitt |
| 19 | 06 | Duplain |
| 19 | 07 | Eagle |
| 19 | 08 | Essex |
| 19 | 09 | Greenbush |
| 19 | 10 | Lebanon |
| 19 | 11 | Olive |
| 19 | 12 | Ovid |
| 19 | 13 | Riley |
| 19 | 14 | Victor |
| 19 | 15 | Watertown |
| 19 | 16 | Westphalia |

| | <u>City/Village</u> | |
|----|---------------------|--------------|
| 19 | 29 | Eagle |
| 19 | 30 | Elsie |
| 19 | 31 | Hubbardston |
| 19 | 32 | Maple Rapids |
| 19 | 33 | Westphalia |
| 19 | 39 | Dewitt |
| 19 | 40 | Fowler |
| 19 | 41 | Ovid |
| 19 | 60 | St. Johns |
| 19 | 61 | Grand Ledge |
| 19 | 80 | East Lansing |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

20 – CRAWFORD COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 20 | 01 Beaver Creek |
| 20 | 02 Frederic |
| 20 | 03 Grayling |
| 20 | 04 Lovells |
| 20 | 05 Maple Forest |
| 20 | 06 South Branch |

City/Village

| | |
|----|-------------|
| 20 | 39 Grayling |
|----|-------------|

22 - DICKINSON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 22 | 01 Breen |
| 22 | 02 Breitung |
| 22 | 03 Felch |
| 22 | 04 Norway |
| 22 | 05 Sagola |
| 22 | 06 Waucedah |
| 22 | 07 West Branch |

City/Village

| | |
|----|------------------|
| 22 | 46 Norway |
| 22 | 60 Iron Mountain |
| 22 | 61 Kingsford |

21 - DELTA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 21 | 01 Baldwin |
| 21 | 02 Bark River |
| 21 | 03 Bay De Noc |
| 21 | 04 Brampton |
| 21 | 05 Cornell |
| 21 | 06 Ensign |
| 21 | 07 Escanaba |
| 21 | 08 Fairbanks |
| 21 | 09 Ford River |
| 21 | 10 Garden |
| 21 | 11 Maple Ridge |
| 21 | 12 Masonville |
| 21 | 13 Nahma |
| 21 | 14 Wells |

City/Village

| | |
|----|--------------|
| 21 | 29 Garden |
| 21 | 60 Gladstone |
| 21 | 66 Escanaba |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

23 – EATON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 23 | 01 Bellevue |
| 23 | 02 Benton |
| 23 | 03 Brookfield |
| 23 | 04 Carmel |
| 23 | 05 Chester |
| 23 | 06 Delta |
| 23 | 07 Eaton |
| 23 | 08 Eaton Rapids |
| 23 | 09 Hamlin |
| 23 | 10 Kalamo |
| 23 | 11 Oneida |
| 23 | 12 Roxand |
| 23 | 13 Sunfield |
| 23 | 14 Vermontville |
| 23 | 15 Walton |
| 23 | 16 Windsor |

City/Village

| | |
|----|-----------------|
| 23 | 29 Dimondale |
| 23 | 30 Mulliken |
| 23 | 31 Sunfield |
| 23 | 32 Vermontville |
| 23 | 39 Bellevue |
| 23 | 40 Olivet |
| 23 | 41 Potterville |
| 23 | 46 Eaton Rapids |
| 23 | 60 Charlotte |
| 23 | 61 Grand Ledge |
| 23 | 95 Lansing |

24 - EMMET COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 24 | 01 Bear Creek |
| 24 | 02 Bliss |
| 24 | 03 Carp Lake |
| 24 | 04 Center |
| 24 | 05 Cross Village |
| 24 | 06 Friendship |
| 24 | 07 Littlefield |
| 24 | 08 Little Traverse |
| 24 | 09 McKinley |
| 24 | 10 Pleasant View |
| 24 | 11 Maple River |
| 24 | 12 Readmond |
| 24 | 13 Resort |
| 24 | 14 Springvale |
| 24 | 15 Wawatam |
| 24 | 16 West Traverse |

City/Village

| | |
|----|-------------------|
| 24 | 29 Alanson |
| 24 | 30 Mackinaw City |
| 24 | 31 Pellston |
| 24 | 39 Harbor Springs |
| 24 | 60 Petoskey |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

25 – GENESEE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 25 | 01 Argentine |
| 25 | 02 Atlas |
| 25 | 04 Clayton |
| 25 | 05 Davison |
| 25 | 06 Fenton |
| 25 | 07 Flint |
| 25 | 08 Flushing |
| 25 | 09 Forest |
| 25 | 10 Gaines |
| 25 | 11 Genesee |
| 25 | 12 Grand Blanc |
| 25 | 13 Montrose |
| 25 | 14 Mt. Morris |
| 25 | 15 Mundy |
| 25 | 16 Richfield |
| 25 | 17 Thetford |
| 25 | 18 Vienna |

City/Village

| | |
|----|-----------------|
| 25 | 29 Gaines |
| 25 | 30 Goodrich |
| 25 | 31 Otter Lake |
| 25 | 32 Otisville |
| 25 | 34 Lennon |
| 25 | 39 Clio |
| 25 | 40 Linden |
| 25 | 41 Montrose |
| 25 | 46 Mt. Morris |
| 25 | 47 Swartz Creek |
| 25 | 60 Davison |
| 25 | 61 Fenton |
| 25 | 62 Flushing |
| 25 | 63 Grand Blanc |
| 25 | 80 Burton |
| 25 | 95 Flint |

26 - GLADWIN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 26 | 01 Beaverton |
| 26 | 02 Bentley |
| 26 | 03 Billings |
| 26 | 04 Bourret |
| 26 | 05 Buckeye |
| 26 | 06 Butman |
| 26 | 07 Clement |
| 26 | 08 Gladwin |
| 26 | 09 Grim |
| 26 | 10 Grout |
| 26 | 11 Hay |
| 26 | 12 Sage |
| 26 | 13 Secord |
| 26 | 15 Sherman |
| 26 | 16 Tobacco |

City/Village

| | |
|----|--------------|
| 26 | 29 Beaverton |
| 26 | 39 Gladwin |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

27 – GOGEBIC COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 27 | 01 Bessemer |
| 27 | 03 Erwin |
| 27 | 04 Ironwood |
| 27 | 05 Marenisco |
| 27 | 06 Wakefield |
| 27 | 07 Watersmeet |
| <u>City/Village</u> | |
| 27 | 46 Bessemer |
| 27 | 47 Wakefield |
| 27 | 60 Ironwood |

28 – GRAND TRAVERSE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 28 | 01 Acme |
| 28 | 02 Blair |
| 28 | 03 East Bay |
| 28 | 04 Fife Lake |
| 28 | 05 Garfield |
| 28 | 06 Grant |
| 28 | 07 Green Lake |
| 28 | 08 Long Lake |
| 28 | 09 Mayfield |
| 28 | 10 Peninsula |
| 28 | 11 Paradise |
| 28 | 12 Union |
| 28 | 13 White Water |
| <u>City/Village</u> | |
| 28 | 29 Fife Lake |
| 28 | 30 Kingsley |
| 28 | 66 Traverse City |

29 - GRATIOT COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 29 | 01 Arcadia |
| 29 | 02 Bethany |
| 29 | 03 Elba |
| 29 | 04 Emerson |
| 29 | 05 Fulton |
| 29 | 06 Hamilton |
| 29 | 07 Lafayette |
| 29 | 08 Newark |
| 29 | 09 New Haven |
| 29 | 10 North Shade |
| 29 | 11 North Star |
| 29 | 12 Pine River |
| 29 | 13 Seville |
| 29 | 14 Sumner |
| 29 | 15 Washington |
| 29 | 16 Wheeler |
| <u>City/Village</u> | |
| 29 | 29 Ashley |
| 29 | 30 Perrinton |
| 29 | 39 Breckenridge |
| 29 | 46 Ithaca |
| 29 | 47 St. Louis |
| 29 | 60 Alma |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

30 – HILLSDALE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 30 | 01 Adams |
| 30 | 02 Allen |
| 30 | 03 Amboy |
| 30 | 04 Cambria |
| 30 | 05 Camden |
| 30 | 06 Fayette |
| 30 | 07 Hillsdale |
| 30 | 08 Jefferson |
| 30 | 09 Litchfield |
| 30 | 10 Moscow |
| 30 | 11 Pittsford |
| 30 | 12 Ransom |
| 30 | 13 Reading |
| 30 | 14 Scipio |
| 30 | 15 Somerset |
| 30 | 16 Wheatland |
| 30 | 17 Woodbridge |
| 30 | 18 Wright |
| <u>City/Village</u> | |
| 30 | 29 Allen |
| 30 | 30 Camden |
| 30 | 31 Montgomery |
| 30 | 32 North Adams |
| 30 | 33 Waldron |
| 30 | 39 Jonesville |
| 30 | 40 Litchfield |
| 30 | 41 Reading |
| 30 | 60 Hillsdale |

31 - HOUGHTON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 31 | 01 Adams |
| 31 | 02 Calumet |
| 31 | 03 Chassell |
| 31 | 04 Duncan |
| 31 | 05 Elm River |
| 31 | 06 Franklin |
| 31 | 07 Hancock |
| 31 | 08 Laird |
| 31 | 09 Osceola |
| 31 | 10 Portage |
| 31 | 11 Quincy |
| 31 | 12 Stanton |
| 31 | 13 Schoolcraft |
| 31 | 14 Torch Lake |
| <u>City/Village</u> | |
| 31 | 29 Copper City |
| 31 | 30 South Range |
| 31 | 39 Calumet |
| 31 | 40 Lake Linden |
| 31 | 46 Hancock |
| 31 | 47 Laurium |
| 31 | 60 Houghton |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

32 - HURON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|----------------------|-----------------------------|
| 32 | 01 Bingham |
| 32 | 02 Bloomfield |
| 32 | 03 Brookfield |
| 32 | 04 Caseville |
| 32 | 05 Chandler |
| 32 | 06 Colfax |
| 32 | 07 Dwight |
| 32 | 08 Fair Haven |
| 32 | 09 Gore |
| 32 | 10 Grant |
| 32 | 11 Hume |
| 32 | 12 Huron |
| 32 | 13 Lake |
| 32 | 14 Lincoln |
| 32 | 15 McKinley |
| 32 | 16 Meade |
| 32 | 17 Oliver |
| 32 | 18 Paris |
| 32 | 19 Pte. Aux Barques |
| 32 | 20 Port Austin |
| 32 | 21 Rubicon |
| 32 | 22 Sand Beach |
| 32 | 23 Sebewaing |
| 32 | 24 Sheridan |
| 32 | 25 Sherman |
| 32 | 26 Sigel |
| 32 | 27 Verona |
| 32 | 28 Winsor |

32 - HURON COUNTY

| (Continued) | | |
|----------------------|----------------------------|--------------|
| <u>County</u> | <u>City/Village</u> | |
| 32 | 29 | Caseville |
| 32 | 30 | Elkton |
| 32 | 31 | Kinde |
| 32 | 32 | Owendale |
| 32 | 33 | Port Austin |
| 32 | 34 | Port Hope |
| 32 | 35 | Ubly |
| 32 | 39 | Harbor Beach |
| 32 | 40 | Pigeon |
| 32 | 41 | Sebewaing |
| 32 | 46 | Bad Axe |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

33 – INGHAM COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 33 | 01 Alaiedon |
| 33 | 02 Aurelius |
| 33 | 03 Bunker Hill |
| 33 | 04 Delhi |
| 33 | 05 Ingham |
| 33 | 06 Lansing |
| 33 | 07 Leroy |
| 33 | 08 Leslie |
| 33 | 09 Locke |
| 33 | 10 Meridian |
| 33 | 11 Onondaga |
| 33 | 12 Stockbridge |
| 33 | 13 Vevay |
| 33 | 14 Wheatfield |
| 33 | 15 White Oak |
| 33 | 16 Williamston |

City/Village

| | |
|----|-----------------|
| 33 | 29 Dansville |
| 33 | 39 Leslie |
| 33 | 40 Stockbridge |
| 33 | 41 Webberville |
| 33 | 46 Williamston |
| 33 | 60 Mason |
| 33 | 80 East Lansing |
| 33 | 95 Lansing |

34 - IONIA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 34 | 01 Berlin |
| 34 | 02 Boston |
| 34 | 03 Campbell |
| 34 | 04 Danby |
| 34 | 05 Easton |
| 34 | 06 Ionia |
| 34 | 07 Keene |
| 34 | 08 Lyons |
| 34 | 09 North Plains |
| 34 | 10 Odessa |
| 34 | 11 Orange |
| 34 | 12 Orleans |
| 34 | 13 Otisco |
| 34 | 14 Portland |
| 34 | 15 Ronald |
| 34 | 16 Sebewa |

City/Village

| | |
|----|----------------|
| 34 | 29 Clarksville |
| 34 | 30 Hubbardston |
| 34 | 31 Lyons |
| 34 | 32 Muir |
| 34 | 33 Pewamo |
| 34 | 39 Lake Odessa |
| 34 | 40 Saranac |
| 34 | 46 Portland |
| 34 | 60 Belding |
| 34 | 61 Ionia |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

35 – IOSCO COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 35 | 01 Alabaster |
| 35 | 02 Au Sable |
| 35 | 03 Baldwin |
| 35 | 04 Burleigh |
| 35 | 05 Grant |
| 35 | 06 Oscoda |
| 35 | 07 Plainfield |
| 35 | 08 Reno |
| 35 | 09 Sherman |
| 35 | 10 Tawas |
| 35 | 11 Wilber |
| <u>City/Village</u> | |
| 35 | 29 Whittemore |
| 35 | 39 East Tawas |
| 35 | 40 Tawas City |

36 - IRON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 36 | 01 Bates |
| 36 | 02 Crystal Falls |
| 36 | 03 Hematite |
| 36 | 04 Iron River |
| 36 | 05 Mansfield |
| 36 | 06 Mastodon |
| 36 | 07 Stambaugh |
| <u>City/Village</u> | |
| 36 | 29 Alpha |
| 36 | 30 Gaastra |
| 36 | 31 Mineral Hills |
| 36 | 39 Caspian |
| 36 | 40 Crystal Falls |
| 36 | 41 Stambaugh |
| 36 | 46 Iron River |

37 - ISABELLA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 37 | 01 Broomfield |
| 37 | 02 Chippewa |
| 37 | 03 Coe |
| 37 | 04 Coldwater |
| 37 | 05 Deerfield |
| 37 | 06 Denver |
| 37 | 07 Fremont |
| 37 | 08 Gilmore |
| 37 | 09 Isabella |
| 37 | 10 Lincoln |
| 37 | 11 Nottawa |
| 37 | 12 Rolland |
| 37 | 13 Sherman |
| 37 | 14 Union |
| 37 | 15 Vernon |
| 37 | 16 Wise |
| <u>City/Village</u> | |
| 37 | 29 Rosebush |
| 37 | 39 Shepherd |
| 37 | 46 Clare |
| 37 | 67 Mt. Pleasant |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

38 – JACKSON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 38 | 01 Blackman |
| 38 | 02 Columbia |
| 38 | 03 Concord |
| 38 | 04 Grass Lake |
| 38 | 05 Hanover |
| 38 | 06 Henrietta |
| 38 | 07 Leoni |
| 38 | 08 Liberty |
| 38 | 09 Napoleon |
| 38 | 10 Norvell |
| 38 | 11 Parma |
| 38 | 12 Pulaski |
| 38 | 13 Rives |
| 38 | 14 Sandstone |
| 38 | 15 Spring Arbor |
| 38 | 16 Springport |
| 38 | 17 Summit |
| 38 | 18 Thompsons |
| 38 | 19 Waterloo |
| | |
| | <u>City/Village</u> |
| 38 | 29 Cement City |
| 38 | 30 Concord |
| 38 | 31 Hanover |
| 38 | 32 Parma |
| 38 | 33 Springport |
| 38 | 39 Brooklyn |
| 38 | 40 Grass Lake |
| 38 | 80 Jackson |

39 - KALAMAZOO COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 39 | 01 Alamo |
| 39 | 02 Brady |
| 39 | 03 Charleston |
| 39 | 04 Climax |
| 39 | 05 Comstock |
| 39 | 06 Cooper |
| 39 | 07 Kalamazoo |
| 39 | 08 Oshtemo |
| 39 | 09 Pavilion |
| 39 | 10 Prairie Ronde |
| 39 | 11 Richland |
| 39 | 12 Ross |
| 39 | 13 Schoolcraft |
| 39 | 14 Texas |
| 39 | 15 Wakeshma |
| | |
| | <u>City/Village</u> |
| 39 | 29 Climax |
| 39 | 30 Richland |
| 39 | 39 Augusta |
| 39 | 40 Galesburg |
| 39 | 41 Parchment |
| 39 | 42 Schoolcraft |
| 39 | 43 Vicksburg |
| 39 | 80 Portage |
| 39 | 89 Kalamazoo |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

40 – KALKASKA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 40 | 01 Blue Lake |
| 40 | 02 Boardman |
| 40 | 03 Clearwater |
| 40 | 04 Cold Springs |
| 40 | 05 Excelsior |
| 40 | 06 Garfield |
| 40 | 07 Kalkaska |
| 40 | 08 Oliver |
| 40 | 09 Orange |
| 40 | 10 Rapid River |
| 40 | 11 Springfield |
| 40 | 13 Bear Lake |

City/Village

| | |
|----|-------------|
| 40 | 39 Kalkaska |
|----|-------------|

41 - KENT COUNTY

(Continued)

| <u>County</u> | <u>Township/Name</u> |
|----------------------------|----------------------|
| 41 | 17 Plainfield |
| 41 | 18 Solon |
| 41 | 19 Sparta |
| 41 | 20 Spencer |
| 41 | 21 Tyrone |
| 41 | 22 Vergennes |
| <u>City/Village</u> | |
| 41 | 29 Caledonia |
| 41 | 30 Casnovia |
| 41 | 31 Kent City |
| 41 | 32 Sand Lake |
| 41 | 39 Cedar Springs |
| 41 | 40 Rockford |
| 41 | 46 Lowell |
| 41 | 47 Sparta |
| 41 | 66 E. Grand Rapids |
| 41 | 67 Grandville |
| 41 | 68 Kentwood |
| 41 | 69 Walker |
| 41 | 89 Wyoming |
| 41 | 95 Grand Rapids |

41 - KENT COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 41 | 01 Ada |
| 41 | 02 Algoma |
| 41 | 03 Alpine |
| 41 | 04 Bowne |
| 41 | 05 Byron |
| 41 | 06 Cannon |
| 41 | 07 Caledonia |
| 41 | 08 Cascade |
| 41 | 09 Courtland |
| 41 | 10 Gaines |
| 41 | 11 Grand Rapids |
| 41 | 12 Grattan |
| 41 | 13 Lowell |
| 41 | 14 Nelson |
| 41 | 15 Oakfield |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

42 – KEWEENAW COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 42 | 01 Allouez |
| 42 | 02 Eagle Harbor |
| 42 | 03 Grant |
| 42 | 04 Houghton |
| 42 | 05 Sherman |

City/Village

| | |
|----|-----------|
| 42 | 29 Ahmeek |
|----|-----------|

43 - LAKE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 43 | 01 Chase |
| 43 | 02 Cherry Valley |
| 43 | 03 Dover |
| 43 | 04 Eden |
| 43 | 05 Elk |
| 43 | 06 Ellsworth |
| 43 | 07 Lake |
| 43 | 08 Newkirk |
| 43 | 09 Peacock |
| 43 | 10 Pinora |
| 43 | 11 Pleasant Plains |
| 43 | 12 Sauble |
| 43 | 13 Sweetwater |
| 43 | 14 Webber |
| 43 | 15 Yates |

City/Village

| | |
|----|------------|
| 43 | 29 Baldwin |
| 43 | 30 Luther |

44 - LAPEER COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 44 | 01 Almont |
| 44 | 02 Arcadia |
| 44 | 03 Attica |
| 44 | 04 Burlington |
| 44 | 05 Burnside |
| 44 | 06 Deerfield |
| 44 | 07 Dryden |
| 44 | 08 Elba |
| 44 | 09 Goodland |
| 44 | 10 Hadley |
| 44 | 11 Imlay |
| 44 | 12 Lapeer |
| 44 | 13 Marathon |
| 44 | 14 Mayfield |
| 44 | 15 Metamora |
| 44 | 16 North Branch |
| 44 | 17 Oregon |
| 44 | 18 Rich |

City/Village

| | |
|----|------------------|
| 44 | 29 Clifford |
| 44 | 30 Columbiaville |
| 44 | 31 Dryden |
| 44 | 32 Metamora |
| 44 | 33 North Branch |
| 44 | 34 Otter Lake |
| 44 | 39 Almont |
| 44 | 40 Imlay City |
| 44 | 41 Brown City |
| 44 | 60 Lapeer |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

45 – LEELANAU COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------------|
| 45 | 01 Bingham |
| 45 | 02 Centerville |
| 45 | 03 Cleveland |
| 45 | 04 Elmwood |
| 45 | 05 Empire |
| 45 | 06 Glen Arbor |
| 45 | 07 Kasson |
| 45 | 08 Leelanau |
| 45 | 09 Leland |
| 45 | 10 Solon |
| 45 | 11 Suttons Bay |
| | <u>City/Village</u> |
| 45 | 29 Empire |
| 45 | 30 Northport |
| 45 | 31 Suttons Bay |
| 45 | 66 Traverse City |

46 - LENAWE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 46 | 01 Adrian |
| 46 | 02 Blissfield |
| 46 | 03 Cambridge |
| 46 | 04 Clinton |
| 46 | 05 Deerfield |
| 46 | 06 Dover |
| 46 | 07 Fairfield |
| 46 | 08 Franklin |
| 46 | 09 Hudson |
| 46 | 10 Macon |
| 46 | 11 Madison |
| 46 | 12 Medina |
| 46 | 13 Ogden |
| 46 | 14 Palmyra |
| 46 | 15 Raisin |
| 46 | 16 Ridgeway |
| 46 | 17 Riga |
| 46 | 18 Rollin |
| 46 | 19 Rome |
| 46 | 20 Seneca |
| 46 | 21 Tecumseh |
| 46 | 22 Woodstock |

| | |
|----|----------------------------|
| | <u>City/Village</u> |
| 46 | 29 Addison |
| 46 | 30 Britton |
| 46 | 31 Cement City |
| 46 | 32 Clayton |
| 46 | 33 Deerfield |
| 46 | 34 Onsted |
| 46 | 39 Clinton |
| 46 | 40 Morenci |
| 46 | 46 Blissfield |
| 46 | 47 Hudson |
| 46 | 60 Tecumseh |
| 46 | 66 Adrian |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

47 - LIVINGSTON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 47 | 01 Brighton |
| 47 | 02 Cohoctah |
| 47 | 03 Conway |
| 47 | 04 Deerfield |
| 47 | 05 Genoa |
| 47 | 06 Green Oak |
| 47 | 07 Hamburg |
| 47 | 08 Handy |
| 47 | 09 Hartland |
| 47 | 10 Howell |
| 47 | 11 Iosco |
| 47 | 12 Marion |
| 47 | 13 Osceola |
| 47 | 14 Putnam |
| 47 | 15 Tyrone |
| 47 | 16 Unadilla |
| <u>City/Village</u> | |
| 47 | 29 Pinckney |
| 47 | 39 Brighton |
| 47 | 40 Fowlerville |
| 47 | 60 Howell |

48 - LUCE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 48 | 01 Columbus |
| 48 | 02 Lakefield |
| 48 | 03 McMillan |
| 48 | 04 Pentland |
| <u>City/Village</u> | |
| 48 | 39 Newberry |

49 - MACKINAC COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 49 | 01 Bois Blanc |
| 49 | 02 Brevort |
| 49 | 03 Clark |
| 49 | 04 Garfield |
| 49 | 05 Hendricks |
| 49 | 06 Hudson |
| 49 | 07 Marquette |
| 49 | 08 Moran |
| 49 | 09 Newton |
| 49 | 10 Portage |
| 49 | 11 St. Ignace |
| <u>City/Village</u> | |
| 49 | 29 Mackinac Island |
| 49 | 46 St. Ignace |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

50 – MACOMB COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 50 | 01 Armada |
| 50 | 02 Bruce |
| 50 | 03 Chesterfield |
| 50 | 04 Clinton |
| 50 | 05 Harrison |
| 50 | 06 Lenox |
| 50 | 07 Macomb |
| 50 | 08 Ray |
| 50 | 09 Richmond |
| 50 | 11 Shelby |
| 50 | 12 Washington |
| 50 | 13 Lake |
| <u>City/Village</u> | |
| 50 | 39 Armada |
| 50 | 40 Memphis |
| 50 | 41 New Haven |
| 50 | 46 Grosse Pt. Shores |
| 50 | 47 New Baltimore |
| 50 | 48 Richmond |
| 50 | 49 Romeo |
| 50 | 50 Utica |
| 50 | 66 Center Line |
| 50 | 67 Fraser |
| 50 | 68 Mt. Clemens |
| 50 | 80 Eastpointe |
| 50 | 89 Roseville |
| 50 | 90 St. Clair Shores |
| 50 | 91 Sterling Heights |
| 50 | 95 Warren |

51 - MANISTEE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 51 | 01 Arcadia |
| 51 | 02 Bear Lake |
| 51 | 03 Brown |
| 51 | 04 Cleon |
| 51 | 05 Dickson |
| 51 | 06 Filer |
| 51 | 07 Manistee |
| 51 | 08 Maple Grove |
| 51 | 09 Marilla |
| 51 | 10 Norman |
| 51 | 11 Onekama |
| 51 | 12 Pleasanton |
| 51 | 13 Springdale |
| 51 | 14 Stronach |
| <u>City/Village</u> | |
| 51 | 29 Bear Lake |
| 51 | 30 Copemish |
| 51 | 31 Eastlake |
| 51 | 32 Kaleva |
| 51 | 33 Onekama |
| 51 | 60 Manistee |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

52 – MARQUETTE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 52 | 01 Champion |
| 52 | 02 Chocoday |
| 52 | 03 Ely |
| 52 | 04 Ewing |
| 52 | 05 Forsyth |
| 52 | 06 Humboldt |
| 52 | 07 Ishpeming |
| 52 | 08 Marquette |
| 52 | 09 Michigamme |
| 52 | 10 Negaunee |
| 52 | 11 Powell |
| 52 | 12 Republic |
| 52 | 13 Richmond |
| 52 | 14 Sands |
| 52 | 15 Skandia |
| 52 | 16 Tilden |
| 52 | 17 Turin |
| 52 | 18 Wells |
| 52 | 19 West Branch |
| <u>City/Village</u> | |
| 52 | 60 Ishpeming |
| 52 | 61 Negaunee |
| 52 | 66 Marquette |

53 - MASON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 53 | 01 Amber |
| 53 | 02 Branch |
| 53 | 03 Custer |
| 53 | 04 Eden |
| 53 | 05 Freesoil |
| 53 | 06 Grant |
| 53 | 07 Logan |
| 53 | 08 Hamlin |
| 53 | 09 Meade |
| 53 | 10 Pere Marquette |
| 53 | 11 Riverton |
| 53 | 12 Sheridan |
| 53 | 13 Sherman |
| 53 | 14 Summit |
| 53 | 15 Victory |
| <u>City/Village</u> | |
| 53 | 29 Custer |
| 53 | 30 Fountain |
| 53 | 31 Freesoil |
| 53 | 39 Scottville |
| 53 | 60 Ludington |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

54 – MECOSTA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 54 | 01 Aetna |
| 54 | 02 Austin |
| 54 | 03 Big Rapids |
| 54 | 04 Chippewa |
| 54 | 05 Colfax |
| 54 | 06 Deerfield |
| 54 | 07 Fork |
| 54 | 08 Grant |
| 54 | 09 Green |
| 54 | 10 Hinton |
| 54 | 11 Martiny |
| 54 | 12 Mecosta |
| 54 | 13 Millbrook |
| 54 | 14 Morton |
| 54 | 15 Sheridan |
| 54 | 16 Wheatland |
| <u>City/Village</u> | |
| 54 | 29 Barryton |
| 54 | 30 Mecosta |
| 54 | 31 Morley |
| 54 | 32 Stanwood |
| 54 | 66 Big Rapids |

55 - MENOMINEE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 55 | 01 Cedarville |
| 55 | 02 Daggett |
| 55 | 03 Faithorn |
| 55 | 04 Gourley |
| 55 | 05 Harris |
| 55 | 06 Holmes |
| 55 | 07 Ingallston |
| 55 | 08 Lake |
| 55 | 09 Mellen |
| 55 | 10 Menominee |
| 55 | 11 Meyer |
| 55 | 12 Nadeau |
| 55 | 13 Spalding |
| 55 | 14 Stephenson |
| <u>City/Village</u> | |
| 55 | 29 Daggett |
| 55 | 30 Powers |
| 55 | 31 Stephenson |
| 55 | 66 Menominee |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

56 – MIDLAND COUNTY

| <u>County</u> | <u>Township/Name</u> |
|--------------------------------|-----------------------------|
| 56 | 01 Edenville |
| 56 | 02 Geneva |
| 56 | 03 Greendale |
| 56 | 04 Homer |
| 56 | 05 Hope |
| 56 | 06 Ingersoll |
| 56 | 07 Jasper |
| 56 | 08 Jerome |
| 56 | 09 Larkin |
| 56 | 10 Lee |
| 56 | 11 Lincoln |
| 56 | 12 Midland |
| 56 | 13 Mills |
| 56 | 14 Mt. Haley |
| 56 | 15 Porter |
| 56 | 16 Warren |
| <u>City/Village</u> | |
| 56 | 29 Sanford |
| 56 | 39 Coleman |
| 56 | 80 Midland |

57 - MISSAUKEE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|--------------------------------|-----------------------------|
| 57 | 01 Aetna |
| 57 | 02 Bloomfield |
| 57 | 03 Butterfield |
| 57 | 04 Caldwell |
| 57 | 05 Clam Union |
| 57 | 06 Enterprise |
| 57 | 07 Forest |
| 57 | 08 Holland |
| 57 | 09 Lake |
| 57 | 10 Norwich |
| 57 | 11 Pioneer |
| 57 | 12 Reeder |
| 57 | 13 Richland |
| 57 | 14 Riverside |
| 57 | 15 West Branch |
| <u>City/Village</u> | |
| 57 | 29 Lake City |
| 57 | 30 McBain |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

58 - MONROE COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|---------------|----------------------|----------------|
| 58 | 01 | Ash |
| 58 | 02 | Bedford |
| 58 | 03 | Berlin |
| 58 | 04 | Dundee |
| 58 | 05 | Erie |
| 58 | 06 | Exeter |
| 58 | 07 | Frenchtown |
| 58 | 08 | Ida |
| 58 | 09 | LaSalle |
| 58 | 10 | London |
| 58 | 11 | Milan |
| 58 | 12 | Monroe |
| 58 | 13 | Raisinville |
| 58 | 14 | Summerfield |
| 58 | 15 | Whiteford |
| | | |
| | <u>City/Village</u> | |
| 58 | 29 | Estral Beach |
| 58 | 30 | Maybee |
| 58 | 39 | Carleton |
| 58 | 40 | Dundee |
| 58 | 41 | Luna Pier |
| 58 | 42 | Petersburg |
| 58 | 43 | South Rockwood |
| 58 | 46 | Milan |
| 58 | 66 | Monroe |

59 - MONTCALM COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|---------------|----------------------|--------------|
| 59 | 01 | Belvidere |
| 59 | 02 | Bloomer |
| 59 | 03 | Bushnell |
| 59 | 04 | Cato |
| 59 | 05 | Crystal |
| 59 | 06 | Day |
| 59 | 07 | Douglass |
| 59 | 08 | Eureka |
| 59 | 09 | Evergreen |
| 59 | 10 | Fairplain |
| 59 | 11 | Ferris |
| 59 | 12 | Home |
| 59 | 13 | Maple Valley |
| 59 | 14 | Montcalm |
| 59 | 15 | Pierson |
| 59 | 16 | Pine |
| 59 | 17 | Reynolds |
| 59 | 18 | Richland |
| 59 | 19 | Sidney |
| 59 | 20 | Winfield |
| | | |
| | <u>City/Village</u> | |
| 59 | 29 | McBride |
| 59 | 30 | Pierson |
| 59 | 31 | Sheridan |
| 59 | 39 | Carson City |
| 59 | 40 | Edmore |
| 59 | 41 | Howard City |
| 59 | 42 | Lakeview |
| 59 | 43 | Stanton |
| 59 | 60 | Greenville |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

60 – MONTMORENCY COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 60 | 01 Albert |
| 60 | 02 Avery |
| 60 | 03 Briley |
| 60 | 04 Hillman |
| 60 | 05 Loud |
| 60 | 06 Montmorency |
| 60 | 07 Rust |
| 60 | 08 Vienna |
| | <u>City/Village</u> |
| 60 | 29 Hillman |

61 - MUSKEGON COUNTY

(Continued)

| <u>County</u> | <u>City/Village</u> |
|---------------|---------------------|
| 61 | 29 Casnovia |
| 61 | 30 Lakewood Club |
| 61 | 39 Fruitport |
| 61 | 40 Montague |
| 61 | 41 Ravenna |
| 61 | 46 North Muskegon |
| 61 | 47 Roosevelt Park |
| 61 | 48 Whitehall |
| 61 | 66 Muskegon Heights |
| 61 | 67 North Shores |
| 61 | 80 Muskegon |

61 – MUSKEGON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 61 | 01 Blue Lake |
| 61 | 02 Casnovia |
| 61 | 03 Cedar Creek |
| 61 | 04 Dalton |
| 61 | 05 Egelston |
| 61 | 06 Fruitland |
| 61 | 07 Fruitport |
| 61 | 08 Holton |
| 61 | 09 Laketon |
| 61 | 10 Montague |
| 61 | 11 Moorland |
| 61 | 12 Muskegon |
| 61 | 14 Ravenna |
| 61 | 15 Sullivan |
| 61 | 16 Whitehall |
| 61 | 17 White River |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

62 – NEWAYGO COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|----------------------|-----------------------------|-------------|
| 62 | 01 | Ashland |
| 62 | 02 | Barton |
| 62 | 03 | Beaver |
| 62 | 04 | Big Prairie |
| 62 | 05 | Bridgeton |
| 62 | 06 | Brooks |
| 62 | 07 | Croton |
| 62 | 08 | Dayton |
| 62 | 09 | Denver |
| 62 | 10 | Ensley |
| 62 | 11 | Everett |
| 62 | 12 | Garfield |
| 62 | 13 | Goodwell |
| 62 | 14 | Grant |
| 62 | 15 | Home |
| 62 | 16 | Lilley |
| 62 | 17 | Lincoln |
| 62 | 18 | Merrill |
| 62 | 19 | Monroe |
| 62 | 20 | Norwich |
| 62 | 21 | Sheridan |
| 62 | 22 | Sherman |
| 62 | 23 | Troy |
| 62 | 24 | Wilcox |
| | | |
| | <u>City/Village</u> | |
| 62 | 29 | Grant |
| 62 | 30 | Hesperia |
| 62 | 39 | Newaygo |
| 62 | 40 | White Cloud |
| 62 | 46 | Fremont |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

63 - OAKLAND COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 63 | 01 Addison |
| 63 | 03 Bloomfield |
| 63 | 04 Brandon |
| 63 | 05 Commerce |
| 63 | 07 Groveland |
| 63 | 08 Highland |
| 63 | 09 Holly |
| 63 | 10 Independence |
| 63 | 11 Lyon |
| 63 | 12 Milford |
| 63 | 13 Novi |
| 63 | 14 Oakland |
| 63 | 15 Orion |
| 63 | 16 Oxford |
| 63 | 18 Rose |
| 63 | 19 Royal Oak |
| 63 | 20 Springfield |
| 63 | 21 Waterford |
| 63 | 22 West Bloomfield |
| 63 | 23 White Lake |
| 63 | 24 Southfield |
| <u>City/Village</u> | |
| 63 | 29 Bingham Farms |
| 63 | 30 Lake Angelus |
| 63 | 31 Leonard |
| 63 | 32 Ortonville |
| 63 | 39 Clarkston |
| 63 | 40 Orchard Lake |
| 63 | 41 Sylvan Lake |
| 63 | 42 Wixom |
| 63 | 46 Bloomfield Hills |
| 63 | 47 Franklin |
| 63 | 48 Holly |
| 63 | 49 Keego Harbor |
| 63 | 50 Lake Orion |

63 - OAKLAND COUNTY

| (Continued) | |
|---------------|----------------------|
| <u>County</u> | <u>Township/Name</u> |
| 63 | 51 Lathrup Village |
| 63 | 52 Milford |
| 63 | 53 Oxford |
| 63 | 54 Pleasant Ridge |
| 63 | 55 South Lyon |
| 63 | 56 Walled Lake |
| 63 | 57 Wolverine Lake |
| 63 | 60 Huntington Woods |
| 63 | 61 Northville |
| 63 | 62 Novi |
| 63 | 63 Rochester |
| 63 | 66 Berkley |
| 63 | 67 Beverly Hills |
| 63 | 68 Clawson |
| 63 | 69 Farmington |
| 63 | 70 Hazel Park |
| 63 | 80 Birmingham |
| 63 | 81 Ferndale |
| 63 | 82 Madison Heights |
| 63 | 83 Oak Park |
| 63 | 84 Troy |
| 63 | 85 Farmington Hills |
| 63 | 89 Pontiac |
| 63 | 90 Royal Oak |
| 63 | 91 Southfield |
| 63 | 92 Rochester Hills |
| 63 | 93 Auburn Hills |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

64 – OCEANA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 64 | 01 Benona |
| 64 | 02 Clay Banks |
| 64 | 03 Colfax |
| 64 | 04 Crystal |
| 64 | 05 Elbridge |
| 64 | 06 Ferry |
| 64 | 07 Golden |
| 64 | 08 Grant |
| 64 | 09 Greenwood |
| 64 | 10 Hart |
| 64 | 11 Leavitt |
| 64 | 12 Newfield |
| 64 | 13 Otto |
| 64 | 14 Pentwater |
| 64 | 15 Shelby |
| 64 | 16 Weare |

City/Village

| | |
|----|----------------|
| 64 | 29 Hesperia |
| 64 | 30 New Era |
| 64 | 31 Pentwater |
| 64 | 32 Rothbury |
| 64 | 33 Walkerville |
| 64 | 39 Hart |
| 64 | 40 Shelby |

65 - OGEMAW COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 65 | 01 Churchill |
| 65 | 02 Cumming |
| 65 | 03 Edwards |
| 65 | 04 Foster |
| 65 | 05 Goodar |
| 65 | 06 Hill |
| 65 | 07 Horton |
| 65 | 08 Klacking |
| 65 | 09 Logan |
| 65 | 10 Mills |
| 65 | 11 Ogemaw |
| 65 | 12 Richland |
| 65 | 13 Rose |
| 65 | 14 West Branch |

City/Village

| | |
|----|----------------|
| 65 | 29 Prescott |
| 65 | 30 Rose City |
| 65 | 39 West Branch |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

66 – ONTONAGON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 66 | 01 Bergland |
| 66 | 02 Bohemia |
| 66 | 03 Carp Lake |
| 66 | 04 Greenland |
| 66 | 05 Haight |
| 66 | 06 Interior |
| 66 | 07 Matchwood |
| 66 | 08 McMillan |
| 66 | 09 Ontonagon |
| 66 | 10 Rockland |
| 66 | 11 Stannard |
| | <u>City/Village</u> |
| 66 | 39 Ontonagon |

67 - OSCEOLA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 67 | 01 Burdell |
| 67 | 02 Cedar |
| 67 | 03 Ewart |
| 67 | 04 Hartwick |
| 67 | 05 Hersey |
| 67 | 06 Highland |
| 67 | 07 LeRoy |
| 67 | 08 Lincoln |
| 67 | 09 Marion |
| 67 | 10 Middle Branch |
| 67 | 11 Orient |
| 67 | 12 Osceola |
| 67 | 13 Richmond |
| 67 | 14 Rose Lake |
| 67 | 15 Sherman |
| 67 | 16 Sylvan |

67 – OSCEOLA COUNTY

| (Continued) | | |
|---------------|----------------------|-----------|
| <u>County</u> | <u>Township/Name</u> | |
| 67 | 29 | Hersey |
| 67 | 30 | LeRoy |
| 67 | 31 | Marion |
| 67 | 32 | Tustin |
| 67 | 39 | Ewart |
| 67 | 40 | Reed City |

68 - OSCODA COUNTY

| <u>County</u> | <u>Township/Name</u> | |
|---------------|----------------------|-----------|
| 68 | 01 | Big Creek |
| 68 | 02 | Clinton |
| 68 | 03 | Comins |
| 68 | 04 | Elmer |
| 68 | 05 | Greenwood |
| 68 | 06 | Mentor |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

69 - OTSEGO COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 69 | 01 Bagley |
| 69 | 02 Charlton |
| 69 | 03 Chester |
| 69 | 04 Corwith |
| 69 | 05 Dover |
| 69 | 06 Elmira |
| 69 | 07 Hayes |
| 69 | 08 Livingston |
| 69 | 09 Otsego Lake |

City/Village

| | |
|----|---------------|
| 69 | 29 Vanderbilt |
| 69 | 46 Gaylord |

70 - OTTAWA COUNTY

(Continued)

| <u>County</u> | <u>City/Village</u> |
|---------------|---------------------|
| 70 | 39 Coopersville |
| 70 | 40 Ferrysburg |
| 70 | 46 Hudsonville |
| 70 | 47 Spring Lake |
| 70 | 48 Zeeland |
| 70 | 66 Grand Haven |
| 70 | 80 Holland |

71 - PRESQUE ISLE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 71 | 01 Allis |
| 71 | 02 Bearinger |
| 71 | 03 Belknap |
| 71 | 04 Bismarck |
| 71 | 05 Case |
| 71 | 06 Krakow |
| 71 | 07 Metz |
| 71 | 08 Moltke |
| 71 | 09 North Allis |
| 71 | 10 Ocqueoc |
| 71 | 11 Posen |
| 71 | 12 Presque Isle |
| 71 | 13 Pulawski |
| 71 | 14 Rogers |

City/Village

| | |
|----|----------------|
| 71 | 29 Millersburg |
| 71 | 30 Posen |
| 71 | 39 Onaway |
| 71 | 46 Rogers City |

70 - OTTAWA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 70 | 01 Allendale |
| 70 | 02 Blendon |
| 70 | 03 Chester |
| 70 | 04 Crockery |
| 70 | 05 Georgetown |
| 70 | 06 Grand Haven |
| 70 | 07 Holland |
| 70 | 08 Jamestown |
| 70 | 09 Olive |
| 70 | 10 Park |
| 70 | 11 Polkton |
| 70 | 12 Port Sheldon |
| 70 | 13 Robinson |
| 70 | 14 Spring Lake |
| 70 | 15 Tallmadge |
| 70 | 16 Wright |
| 70 | 17 Zeeland |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

72 – ROSCOMMON COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 72 | 01 Au Sable |
| 72 | 02 Backus |
| 72 | 03 Denton |
| 72 | 04 Gerrish |
| 72 | 05 Higgins |
| 72 | 06 Lake |
| 72 | 07 Lyon |
| 72 | 08 Markey |
| 72 | 09 Nester |
| 72 | 10 Richfield |
| 72 | 11 Roscommon |

City/Village

| | |
|----|--------------|
| 72 | 29 Roscommon |
|----|--------------|

73 - SAGINAW COUNTY

(Continued)

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 73 | 18 Marion |
| 73 | 19 Richland |
| 73 | 20 Saginaw |
| 73 | 21 St. Charles |
| 73 | 22 Spaulding |
| 73 | 23 Swan Creek |
| 73 | 24 Taymouth |
| 73 | 25 Tittabawassee |
| 73 | 26 Thomas |
| 73 | 27 Zilwaukee |

City/Village

| | |
|----|----------------|
| 73 | 29 Birch Run |
| 73 | 30 Merrill |
| 73 | 31 Oakley |
| 73 | 39 St. Charles |
| 73 | 40 Zilwaukee |

73 – SAGINAW COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 73 | 01 Albee |
| 73 | 02 Birch Run |
| 73 | 03 Blumfield |
| 73 | 04 Brady |
| 73 | 05 Brant |
| 73 | 06 Bridgeport |
| 73 | 07 Buena Vista |
| 73 | 08 Carrollton |
| 73 | 09 Chapin |
| 73 | 10 Chesaning |
| 73 | 11 Frankenmuth |
| 73 | 12 Fremont |
| 73 | 13 James |
| 73 | 14 Jonesfield |
| 73 | 15 Kochville |
| 73 | 16 Lakefield |
| 73 | 17 Maple Grove |

| | |
|----|----------------|
| 73 | 46 Chesaning |
| 73 | 47 Frankenmuth |
| 73 | 89 Saginaw |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

74 – ST. CLAIR COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 74 | 01 Berlin |
| 74 | 02 Brockway |
| 74 | 03 Burtchville |
| 74 | 04 Casco |
| 74 | 05 China |
| 74 | 06 Clay |
| 74 | 07 Clyde |
| 74 | 08 Columbus |
| 74 | 09 Cottrellville |
| 74 | 10 East China |
| 74 | 11 Emmett |
| 74 | 12 Fort Gratiot |
| 74 | 13 Grant |
| 74 | 14 Greenwood |
| 74 | 15 Ira |
| 74 | 16 Kenockee |
| 74 | 17 Kimball |
| 74 | 18 Lynn |
| 74 | 19 Mussey |
| 74 | 20 Port Huron |
| 74 | 21 Riley |
| 74 | 22 St. Clair |
| 74 | 23 Wales |
| <u>City/Village</u> | |
| 74 | 29 Emmett |
| 74 | 39 Capac |
| 74 | 40 Memphis |
| 74 | 41 Yale |
| 74 | 46 Algonac |
| 74 | 47 Marine City |
| 74 | 48 Richmond |
| 74 | 49 St. Clair |
| 74 | 60 Marysville |
| 74 | 80 Port Huron |

75 - ST. JOSEPH COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 75 | 01 Burr Oak |
| 75 | 02 Colon |
| 75 | 03 Constantine |
| 75 | 04 Fabius |
| 75 | 05 Fawn River |
| 75 | 06 Florence |
| 75 | 07 Flowerfield |
| 75 | 08 Leondias |
| 75 | 09 Lockport |
| 75 | 10 Mendon |
| 75 | 11 Mottville |
| 75 | 12 Nottawa |
| 75 | 13 Park |
| 75 | 14 Sherman |
| 75 | 15 Sturgis |
| 75 | 16 White Pigeon |
| <u>City/Village</u> | |
| 75 | 29 Burr Oak |
| 75 | 30 Mendon |
| 75 | 39 Centreville |
| 75 | 40 Colon |
| 75 | 41 Constantine |
| 75 | 42 White Pigeon |
| 75 | 60 Sturgis |
| 75 | 61 Three Rivers |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

76 – SANILAC COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 76 | 01 Argyle |
| 76 | 02 Austin |
| 76 | 03 Bridgehampton |
| 76 | 04 Buel |
| 76 | 05 Custer |
| 76 | 06 Delaware |
| 76 | 07 Elk |
| 76 | 08 Elmer |
| 76 | 09 Evergreen |
| 76 | 10 Flynn |
| 76 | 11 Forester |
| 76 | 12 Fremont |
| 76 | 13 Greenleaf |
| 76 | 14 Lamotte |
| 76 | 15 Lexington |
| 76 | 16 Maple Valley |
| 76 | 17 Marion |
| 76 | 18 Marlette |
| 76 | 19 Minden |
| 76 | 20 Moore |
| 76 | 21 Sanilac |
| 76 | 22 Speaker |
| 76 | 23 Washington |
| 76 | 24 Watertown |
| 76 | 25 Wheatland |
| 76 | 26 Worth |

City/Village

| | |
|----|-----------------|
| 76 | 29 Applegate |
| 76 | 30 Carsonville |
| 76 | 31 Deckerville |
| 76 | 32 Forestville |
| 76 | 33 Lexington |
| 76 | 34 Melvin |
| 76 | 35 Minden City |
| 76 | 36 Peck |
| 76 | 37 Port Sanilac |
| 76 | 39 Brown City |

76 – SANILAC COUNTY

(Continued)

| <u>County</u> | <u>City/Village</u> |
|---------------|---------------------|
| 76 | 40 Croswell |
| 76 | 41 Marlette |
| 76 | 42 Sandusky |

77 - SCHOOLCRAFT COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------------|
| 77 | 01 Doyle |
| 77 | 02 Germfask |
| 77 | 03 Hiawatha |
| 77 | 04 Inwood |
| 77 | 05 Manistique |
| 77 | 06 Mueller |
| 77 | 07 Seney |
| 77 | 08 Thompson |
| | <u>City/Village</u> |
| 77 | 46 Manistique |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

78 – SHIAWASSEE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 78 | 01 Antrim |
| 78 | 02 Bennington |
| 78 | 03 Burns |
| 78 | 04 Caledonia |
| 78 | 05 Fairfield |
| 78 | 06 Hazelton |
| 78 | 07 Middlebury |
| 78 | 08 New Haven |
| 78 | 09 Owosso |
| 78 | 10 Perry |
| 78 | 11 Rush |
| 78 | 12 Sciota |
| 78 | 13 Shiawassee |
| 78 | 14 Venice |
| 78 | 15 Vernon |
| 78 | 16 Woodhull |
| <u>City/Village</u> | |
| 78 | 29 Bancroft |
| 78 | 30 Byron |
| 78 | 31 Morrice |
| 78 | 32 New Lothrop |
| 78 | 33 Vernon |
| 78 | 34 Lennon |
| 78 | 39 Laingsburg |
| 78 | 40 Perry |
| 78 | 41 Ovid |
| 78 | 46 Corunna |
| 78 | 47 Durand |
| 78 | 66 Owosso |

79 – TUSCOLA COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 79 | 01 Akron |
| 79 | 02 Almer |
| 79 | 03 Arbela |
| 79 | 04 Columbia |
| 79 | 05 Dayton |
| 79 | 06 Denmark |
| 79 | 07 Elkland |
| 79 | 08 Ellington |
| 79 | 09 Elmwood |
| 79 | 10 Fairgrove |
| 79 | 11 Fremont |
| 79 | 12 Gilford |
| 79 | 13 Indian Fields |
| 79 | 14 Juniata |
| 79 | 15 Kingston |
| 79 | 16 Koylton |
| 79 | 17 Millington |
| 79 | 18 Novesta |
| 79 | 19 Tuscola |
| 79 | 20 Vassar |
| 79 | 21 Watertown |
| 79 | 22 Wells |
| 79 | 23 Wisner |
| <u>City/Village</u> | |
| 79 | 29 Akron |
| 79 | 30 Fairgrove |
| 79 | 31 Gagetown |
| 79 | 32 Kingston |
| 79 | 33 Mayville |
| 79 | 34 Unionville |
| 79 | 39 Cass City |
| 79 | 40 Millington |
| 79 | 41 Reese |
| 79 | 46 Caro |
| 79 | 47 Vassar |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

80 – VAN BUREN COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 80 | 01 Almena |
| 80 | 02 Antwerp |
| 80 | 03 Arlington |
| 80 | 04 Bangor |
| 80 | 05 Bloomingdale |
| 80 | 06 Columbia |
| 80 | 07 Covert |
| 80 | 08 Decatur |
| 80 | 09 Geneva |
| 80 | 10 Hamilton |
| 80 | 11 Hartford |
| 80 | 12 Keeler |
| 80 | 13 Lawrence |
| 80 | 14 Paw Paw |
| 80 | 15 Pine Grove |
| 80 | 16 Porter |
| 80 | 17 South Haven |
| 80 | 18 Waverly |
| <u>City/Village</u> | |
| 80 | 29 Bloomingdale |
| 80 | 30 Breedsville |
| 80 | 31 Gobles |
| 80 | 32 Lawrence |
| 80 | 39 Bangor |
| 80 | 40 Decatur |
| 80 | 41 Lawton |
| 80 | 42 Mattawan |
| 80 | 46 Hartford |
| 80 | 47 Paw Paw |
| 80 | 60 South Haven |

81 - WASHTENAW COUNTY

| <u>County</u> | <u>Township/Name</u> |
|-------------------------|----------------------|
| 81 | 01 Ann Arbor |
| 81 | 02 Augusta |
| 81 | 03 Bridgewater |
| 81 | 04 Dexter |
| 81 | 05 Freedom |
| 81 | 06 Lima |
| 81 | 07 Lodi |
| 81 | 08 Lyndon |
| 81 | 09 Manchester |
| 81 | 10 Northfield |
| 81 | 11 Pittsfield |
| 81 | 12 Salem |
| 81 | 13 Saline |
| 81 | 14 Scio |
| 81 | 15 Sharon |
| 81 | 16 Superior |
| 81 | 17 Sylvan |
| 81 | 18 Webster |
| 81 | 19 York |
| 81 | 20 Ypsilanti |
| <u>City/Village</u> | |
| 81 | 29 Barton Hills |
| 81 | 39 Dexter |
| 81 | 41 Manchester |
| 81 | 46 Chelsea |
| 81 | 47 Milan |
| 81 | 48 Saline |
| 81 | 80 Ypsilanti |
| 81 | 89 Ann Arbor |

COUNTY, CITY/TOWNSHIP CODE LISTING
APPENDIX H

82 – WAYNE COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 82 | 01 Brownstown |
| 82 | 02 Canton |
| 82 | 04 Grosse Ile |
| 82 | 05 Grosse Pointe |
| 82 | 06 Huron |
| 82 | 08 Northville |
| 82 | 09 Plymouth |
| 82 | 10 Redford |
| 82 | 12 Sumpter |
| 82 | 14 Van Buren |

City/Village

| | |
|----|-----------------------|
| 82 | 39 Belleville |
| 82 | 46 Gibraltar |
| 82 | 47 Grosse Pte. Shores |
| 82 | 48 Rockwood |
| 82 | 49 Wood Haven |
| 82 | 60 Flat Rock |
| 82 | 61 Grosse Pointe |
| 82 | 63 Northville |
| 82 | 66 Ecorse |
| 82 | 67 Grosse Pte. Farms |
| 82 | 68 Grosse Pte. Park |
| 82 | 69 Grosse Pte. Woods |
| 82 | 70 Harper Woods |
| 82 | 71 Melvindale |
| 82 | 72 Plymouth |
| 82 | 73 River Rouge |
| 82 | 74 Riverview |
| 82 | 75 Romulus |
| 82 | 76 Trenton |
| 82 | 77 Wayne |
| 82 | 80 Allen Park |
| 82 | 81 Garden City |
| 82 | 82 Hamtramck |
| 82 | 83 Highland Park |
| 82 | 84 Inkster |
| 82 | 85 Southgate |
| 82 | 86 Wyandotte |

82 – WAYNE COUNTY

(Continued)

| <u>County</u> | <u>City/Village</u> |
|---------------|---------------------|
| 82 | 89 Dearborn Heights |
| 82 | 90 Lincoln Park |
| 82 | 91 Taylor |
| 82 | 92 Westland |
| 82 | 95 Dearborn |
| 82 | 96 Livonia |
| 82 | 99 Detroit |

82 - WEXFORD COUNTY

| <u>County</u> | <u>Township/Name</u> |
|---------------|----------------------|
| 83 | 01 Antioch |
| 83 | 02 Boon |
| 83 | 03 Cedar Creek |
| 83 | 04 Cherry Grove |
| 83 | 05 Clam Lake |
| 83 | 06 Colfax |
| 83 | 07 Greenwood |
| 83 | 08 Haring |
| 83 | 09 Hanover |
| 83 | 10 Henderson |
| 83 | 11 Liberty |
| 83 | 12 Selma |
| 83 | 13 Slagle |
| 83 | 14 South Branch |
| 83 | 15 Springville |
| 83 | 16 Wexford |

City/Village

| | |
|----|--------------|
| 83 | 29 Buckley |
| 83 | 30 Harrietta |
| 83 | 31 Mesick |
| 83 | 39 Manton |
| 83 | 60 Cadillac |

UNITED STATES ABBREVIATIONS

| | | | |
|---------------|----|----------------|----|
| Alabama | AL | Montana | MT |
| Alaska | AK | Nebraska | NE |
| Arizona | AZ | Nevada | NV |
| Arkansas | AR | New Hampshire | NH |
| California | CA | New Jersey | NJ |
| Colorado | CO | New Mexico | NM |
| Connecticut | CT | New York | NY |
| Delaware | DE | North Carolina | NC |
| Florida | FL | North Dakota | ND |
| Georgia | GA | Ohio | OH |
| Hawaii | HI | Oklahoma | OK |
| Idaho | ID | Oregon | OR |
| Illinois | IL | Pennsylvania | PA |
| Indiana | IN | Rhode Island | RI |
| Iowa | IA | South Carolina | SC |
| Kansas | KS | South Dakota | SD |
| Kentucky | KY | Tennessee | TN |
| Louisiana | LA | Texas | TX |
| Maine | ME | Utah | UT |
| Maryland | MD | Vermont | VT |
| Massachusetts | MA | Virginia | VA |
| Michigan | MI | Washington | WA |
| Minnesota | MN | West Virginia | WV |
| Mississippi | MS | Wisconsin | WI |
| Missouri | MO | Wyoming | WY |

CANADIAN TERRITORIES

| | | | |
|-----------------------|----|----------------------|----|
| Alberta | AB | Nunavut | NU |
| British Columbia | BC | Ontario | ON |
| Manitoba | MB | Prince Edward Island | PE |
| New Brunswick | NB | Quebec | PQ |
| Newfoundland/Labrador | NF | Saskatchewan | SK |
| Northwest Territories | NT | Yukon Territory | YT |
| Nova Scotia | NS | | |

MEXICAN STATES

| | | | |
|-----------------------|----|----------------------|----|
| Aguascalientes | AG | Morelos | MR |
| Baja California Norte | BN | Nayarit | NA |
| Baja California Sur | BS | Nuevo Leon | NL |
| Campeche | CP | Oaxaca | OA |
| Chiapas | CS | Puebla | PU |
| Chihuahua | CI | Queretero de Arteaga | QE |
| Coahuila de Zaragoza | CH | Quintana Roo | QI |
| Colima | CL | San Luis Potosi | SL |
| Distrito Federal | DF | Sinaloa | SI |
| Durango | DO | Sonora | SO |
| Guanajuato | GJ | Tabasco | TB |
| Guerrero | GE | Tamaulipas | TA |
| Hidalgo | HD | Tlaxcala | TL |
| Jalisco | JA | Veracruz-Llana | VC |
| Mexico | MX | Yucatan | YU |
| Michoacan de Ocampo | MC | Zacatecas | ZA |

INTERNATIONAL XX

APPENDIX I

ALPHABETICAL DRUG INDEX

| | | | |
|---|------------|--------------------------------------|------------|
| Acetaminophen + Codeine | 100 | Boldenone | 800 |
| Acetorphine | 101 | Bromo-Dimethoxyamphetamine | 524 |
| Acetyl-alpha-methylfentanyl | 102 | Bromo-Dimethoxyphenethylamine | 525 |
| Acetyldihydrocodeine | 103 | Bromazepam | 306 |
| Acetylmethadol | 104 | Bufotenine | 501 |
| Aerosols (hydrocarbon) | 940 | Buprenorphine | 124 |
| Alfentanil | 105 | Butobarbital | 307 |
| Allylprodine | 106 | Butolbital | 308 |
| Alphacetylmethadol | 220 | Butorphanol | 218 |
| Alpha-Ethyltryptamine | 523 | Butly Nitrite | 923 |
| Alpha-Methylfentanyl | 107 | Camazepam | 309 |
| Alpha-Methylthiofentanyl | 108 | “Cannabinoid, Type Unknown” | 695 |
| Alphameprodine | 109 | Carbamate | 310 |
| Alphamethadol | 110 | Carfentanil | 125 |
| Alphaprodine | 111 | Carisoprodol | 376 |
| Alprazolam | 300 | Cathine (Norpseudoephedrine) | 404 |
| Aminorex | 428 | Cathinone | 429 |
| Amobarbital | 301 | Chloral betaine | 311 |
| Amobarbital & non-controlled | | Chloralhydrate | 312 |
| active ingredient | 378 | Chlordiazepoxide | 313 |
| Amphetamine | 401 | Chlorhexadol | 314 |
| Amphetamine Sulfate | 400 | Chloroform | 926 |
| Amphetamine Variants | 500 | Chlorotestosterone | 801 |
| Amyl Nitrite | 921 | Chlorphentermine | 405 |
| Anabolic Steroid, Type Unknown | 895 | Clostebol | 802 |
| Anesthetic Gases | 920 | Clobazam | 315 |
| Anileridine | 112 | Clonazepam | 316 |
| APC + Codeine | 113 | Clonitazene | 126 |
| Aprobarbital | 379 | Clorazepate | 382 |
| Aspirin + Codeine | 114 | Clorazepate Dipotassium | 317 |
| | | Clortermine | 406 |
| | | Clostebol | 827 |
| Barbitol | 302 | Clotiazepam | 318 |
| Barbiturates | 303 | Cloxazolam | 319 |
| Barbituric Acid Derivative | 380 | Coca Leaves | 430 |
| Benzethidine | 115 | Cocaine | 407 |
| Benzitramide | 116 | Codeine | 128 |
| Benzodiazepines | 304 | Codeine & Isoquinoline | 222 |
| Benzoyllecgonine | 402 | Codeine Methylbromide | 127 |
| Benzphetamine | 403 | Codeine-N-Oxide | 223 |
| Benzylfentanyl | 305 | Cyprenorphine | 129 |
| Benzylmorphine | 117 | | |
| Beta-Hydroxy-3-Methylfentanyl | 221 | Dehydrochlormethyltestosterone | 803 |
| Beta-Hydroxyfentanyl | 118 | Delorazepam | 320 |
| Betacetylmethadol | 119 | Delta 9 | 600 |
| Betameprodine | 120 | “Depressants, Type Unknown” | 395 |
| Betamethadol | 121 | Desomorphine | 130 |
| Betaprodine | 122 | Dexfenfluramine | 383 |
| Bezitrarnide | 123 | Dextroamphetamine | 408 |

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| Dextromoramide | 131 | Fentanyl | 151 |
| Dextropropoxyphene | 224 | Fiorinal + Codeine | 152 |
| Diacetylmorphine | 132 | Fiorinol | 326 |
| Diampromide | 133 | Fludiazepam | 327 |
| Diazepam | 321 | Flunitrazepam | 328 |
| Dichloralphenazone | 431 | Fluoxymesterone | 807 |
| Diethylpropion | 409 | Flurazepam | 384 |
| Diethylthiambutene | 134 | Flurazepam Hydrochloride | 329 |
| Diethyltryptamine (DET) | 503 | Formebolone (Formebolone) | 808 |
| Difenoxin | 225 | Frying Pan Lubricants | 944 |
| Difenoxin | 135 | Furethidine | 153 |
| Dihydrocodeine | 136 | | |
| Dihydromorphine | 137 | Gamma Hydroxybutyric (GHB) | 377 |
| Dihydrotestosterone | 804 | Glass Chillers | 943 |
| Dihydroetorphine | 226 | Glutethimide | 330 |
| Dimenoxadol | 138 | | |
| Dimepheptanol | 139 | Hair Spray | 941 |
| Dimethoxyamphetamine (DOM) | 504 | Halazepam | 331 |
| Dimethylamphetamine | 532 | "Hallucinogens, Type Unknown" | 595 |
| Dimethylthiambutene | 140 | Haloxazolam | 332 |
| Dimethyltryptamine (DMT) | 505 | Hashish | 602 |
| Dioxaphetyl Butyrate | 141 | Hashish Oil | 601 |
| Diphenoxylate | 142 | Heroin | 154 |
| Dipipanone | 143 | Hexobarbital | 333 |
| Diprenorphine | 227 | Hydrocodone | 155 |
| Diprenorphine Hydrochloride | 145 | Hydromorphenol | 156 |
| DMA | 506 | Hydromorphone | 157 |
| Dronabinol | 507 | Hydroxypethidine | 158 |
| Drostanolone | 805 | Hydroxzine | 334 |
| Drotebanol | 144 | | |
| | | Ibogaine | 509 |
| Ecgonine | 410 | "Inhalants, Type Unknown" | 995 |
| Estazolam | 322 | Insecticides | 942 |
| Ethchlorvynol | 323 | Isomethadone | 159 |
| Ether | 925 | | |
| Ethinamate | 324 | Ketamine | 522 |
| Ethyl loflazepate | 325 | Ketazolam | 335 |
| Ethyl-Phenylcyclohexylamine | 533 | Ketobemidone | 160 |
| Ethyl-Pipirdylbenzilate | 508 | | |
| Ethylamine | 700 | Lacquer Thinners | 904 |
| Ethylestrenol | 806 | Levomoramide | 161 |
| Ethylmethylthiambutene | 147 | Levo-Alphaacetylmethado | 228 |
| Ethylmorphine | 146 | Levophenacylmorphan | 162 |
| Etonitazene | 148 | Levomethorphan | 163 |
| Etorphine | 149 | Levorphanol | 229 |
| Etoxdine | 150 | Levorphanol Tartrate | 164 |
| | | Loprazolam | 336 |
| Fencamfamin | 411 | Lorazepam | 337 |
| Fenethylamine | 412 | Lormetazepam | 338 |
| Fenfluramine | 413 | LSD | 510 |
| Fenproporex | 414 | Lysergic Acid | 511 |

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| Lysergic Acid Diethylamide | 528 | Morphine-N-Oxide | 231 |
| | | Myrophine | 178 |
| Marijuana/Marihuana | 603 | | |
| Marinol | 604 | Nabilone | 516 |
| Mazindol | 415 | Nethylamphetamine | 419 |
| Mebutamate | 339 | Nalorphine | 179 |
| Mecloqualone | 340 | Nandrolone | 817 |
| Medazepam | 341 | "Narcotics, Type Unknown" | 295 |
| Mefenorex | 416 | Nicocodeine | 180 |
| Meperidine (Pethidine) | 165 | Nicomorphine | 181 |
| Mephobarbital (Methylphenobarbital) | 342 | Nimetazepam | 349 |
| Meprobamate | 343 | Nitrazepam | 350 |
| Mescaline | 512 | Nitrous Oxide | 924 |
| Mesterolone | 809 | Noracymethadol | 182 |
| Metazocine | 166 | Nordiazepam | 351 |
| Methadone | 167 | Norethandrolone | 818 |
| Methamphetamine | 417 | Norlevorphanol | 183 |
| Methandienone | 810 | Normethadone | 184 |
| Methandranone | 811 | Normorphine | 185 |
| Methandriol | 812 | Norpipanone | 186 |
| Methandrostenolone | 813 | | |
| Methaqualone | 344 | | |
| Metharbital | 345 | Opium | 187 |
| Methcathinone | 432 | Opium Extract | 232 |
| Methenolone | 814 | Opium Fluid Extract | 233 |
| Methohexital | 346 | Opium Poppy | 234 |
| Methoxyamphetamine (PMA) | 514 | Opium Tincture | 235 |
| Methylaminorex | 529 | "Other" | 996 |
| Methyldesorphine | 168 | Oxandrolone | 819 |
| Methyldihydromorphine | 169 | Oxazepam | 352 |
| Methyl-Dimethoxyamphetamine | 530 | Oxazolam | 353 |
| Methylenedioxy-N- | | Oxmorphone | 188 |
| Ethylamphetamine | 531 | Oxycodone | 189 |
| Methylenedioxyamphetamine (MDA) | 515 | Oxymesterone | 820 |
| Methylenedioxymethamphetamine | | Oxymetholone | 821 |
| (MDMA) | 513 | | |
| Methylfentanyl | 170 | Paint and Paint Removers | 902 |
| Methylphenidate | 418 | Parafluorofentanyl | 190 |
| Methylphenylpropionoxypiperidine | | Parahexyl (Synhexyl) | 701 |
| (MPPP) | 171 | Paraldehyde | 354 |
| Methyltestosterone | 815 | Paregoric | 191 |
| Methylthiofentanyl | 230 | Parepectolin | 192 |
| Methypylon | 347 | "PCP, Type Unknown" | 795 |
| Metopon | 172 | Pemoline | 420 |
| Mibolerone | 816 | Pentazocine | 193 |
| Midazolam | 348 | Pentobarbital | 355 |
| Modafinil | 433 | Pethidine (Meperidine) | 194 |
| Moramide | 173 | Petrichloral | 356 |
| Morpheridine | 174 | "Petroleum Products (gasoline, | |
| Morphine | 177 | kerosene)" | 903 |
| Morphine Methylbromide | 176 | Peyote | 517 |

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| Phenadoxone | 195 | Sulfentanil | 212 |
| Phenampromide | 196 | Sulfondiethylmethane | 363 |
| Phenanthrine | 197 | Sulfonethylmethane | 364 |
| Phenazocine | 198 | Sulfonmethane | 365 |
| Phencyclidine | 702 | | |
| Phencyclidine Analogs | 703 | Talbutal | 366 |
| Phenylethyl-phenyl- | | Temazepam | 367 |
| Acetoxypiperidine | 236 | Tested; Drugs Found; type | 998 |
| Phencyclohexylamine | 357 | Tested; Results Unknown | 997 |
| Phendimetrazine | 421 | Testolactone | 824 |
| Phenmetrazine | 422 | Testosterone | 825 |
| Phenobarbital | 358 | Tetrahydrocannabinols | 605 |
| Phenomorphane | 199 | Tetrazepam | 368 |
| Phenoperidine | 200 | THC | 606 |
| Phentermine | 423 | Thebacon | 213 |
| Phenylacetone (P2P) | 518 | Thebaine | 214 |
| Phenylacetyloxypiperidine (PEPAP) | 201 | Thenylfentanyl | 369 |
| Phenylcyclohexylamine | 704 | Thiamylal | 370 |
| Pholcodine | 202 | Thienylcyclohexylpiperidine | 708 |
| Piminodine | 203 | Thiofentanyl | 215 |
| Pinazepam | 359 | Thiopental (Pentothal) | 371 |
| Piperidinocyclohexane-carbonitrile | | Thiophen | 707 |
| (PCC) | 705 | Tiletamine | 372 |
| Pipradrol | 424 | Tilidine | 216 |
| Piritramide | 204 | Triazolam | 373 |
| Plastic Cement (airplane glue) | 901 | Trenbolone | 826 |
| Poppy Straw | 237 | Trimeperidine | 217 |
| Poppy Straw Concentrate | 238 | Trimethoxy Amphetamine | 521 |
| Prazepam | 360 | Tybamate | 374 |
| Proheptazine | 205 | | |
| Properidine | 206 | Unknown If Tested For Drugs | 999 |
| Propiram | 207 | | |
| Propoxyphene | 208 | Vinbarbital | 434 |
| Propylhexedrine | 425 | Volatile Solvents (Toluene) | 900 |
| Psilocybin | 519 | | |
| Psilocyn | 520 | Zaleplon | 386 |
| Pyrovalerone | 426 | Zolazepam (Telazol) | 375 |
| "Pyrrolidine (PCPy, PHP, TCPy)" | 706 | Zolpidem | 387 |
| | | | |
| Quazepam | 361 | | |
| | | | |
| Racemethorphan | 209 | | |
| Racemoramide | 210 | | |
| Racemorphan | 211 | | |
| Remifentanyl | 239 | | |
| | | | |
| Secobarbital | 362 | | |
| Sibutramine | 385 | | |
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| Stanolone | 822 | | |
| Stanozolol | 823 | | |
| "Stimulants, Type Unknown" | 495 | | |